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County Borough of Reading.

Annual Report

OF THE

Medical Officer of Health

AND

School Medical Officer

FOR THE YEAR

1927

By

H. J. MILLIGAN, M.C., M.D., D.P.H.,
Barrister-at-Law.

READING:
JOSEPH HAWKES, Branch of Greenslade & Co. (Reading) Ltd.,
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of the

Medical Officer of Health and School

Medical Officer.

Public Health Department,
Old College Buildings,
St. Laurence's Churchyard,
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TROPICAL DISEASES

COUNTY BOROUGH OF READING.

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Aldermen.

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MATERNITY AND CHILD WELFARE COMMITTEE.

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MISS M. MAPLESDEN, M.A.

MRS. K. SHORTER.

MRS. F. F. WHITLEY.

OLD COLLEGE BUILDINGS,
ST. LAURENCE'S CHURCHYARD,
READING,
March, 1928.

TO THE MAYOR, ALDERMEN AND COUNCILLORS OF THE COUNTY BOROUGH OF READING.

Ladies and Gentlemen,

I beg to submit the annual report on the health and sanitary circumstances of the borough for the year 1927.

This report is prepared on lines laid down by the Ministry of Health and is a statutory duty placed upon the Medical Officer of Health by the Sanitary Officers Order, 1926.

The information contained is such as will form the best guide to the health conditions of the area and will be most comparable with information supplied in similar reports from other areas.

Since it has been emphasised that reports of this nature lose much of their value the more remote they are from the period to which they relate, an endeavour has been made to present this present report at the earliest possible date.

Vital Statistics.

The compilation and study of statistical returns does not compel popular attention and the correct interpretation to be placed on statistics is open to many sources of error. Nevertheless these returns are as necessary for a correct appreciation of health progress as costing and accountancy are to business, and their consideration in relation to large numbers and over long periods readily eliminates the principal sources of error.

The health records of a particular year or reference to a particular phase of the subject may fail to preserve a correct balance but the records of the borough for a period of over fifty years which are included in the report can hardly fail to convey a true impression.

Population. The Registrar-General's estimate of the population at the middle of the year 1927 was 94,890. This shows an increase over that of the preceding year amounting to 1,600. Although the natural increase of population by the majority of births over deaths is always accurately known there is no means of measuring the movements of population to and from the borough. The annual additions to the rolls of electors is now used as a guide to these movements, with how much accuracy still remains to be seen.

In any consideration of health returns the age distribution of the population is of very great importance. Compared with the whole country and other large industrial centres Reading has a greater proportion of persons in the higher age groups. This age distribution renders the crude death rate higher and the birth rate lower than would be expected in a standard population.

Birth Rate. The birth rate for the year was 15·3 per 1,000 of the population.

The birth rate has steadily declined from 36·5 in 1874 to its present rate of 15·3 which is lower than any rate hitherto recorded, not even excluding the war years.

Death Rate. The death rate during 1927 was 12·3 per 1,000 of the population compared with 12·2 during the preceding year. Corrected for the age distribution of the population the "standardized" death rate is 10·7 per 1,000 of the population.

The death rate considered over a long period has fallen in a manner comparable with the birth rate although the rate of decline is not so rapid. The fall in the death rate has resulted in a marked increase in the "expectation of life" at all ages, one aspect of which is reflected in the experience of all the insurance companies.

Infantile Mortality. In several recent years it has been reported that the infantile mortality rate was the lowest yet recorded. The rate for the past year of 42·5 per 1,000 births has not hitherto been approached, the lowest previous rate being 50·5 in the preceding year.

Unlike the birth rate and death rate mentioned above there has not been a continuous decline in the infantile mortality rate. The rate for the decade ending 1903 was actually higher than the corresponding rate for the decade ending 1883 and throughout that long period the rate of infant deaths had remained fairly uniform. The decreased infantile mortality of recent years is the outstanding feature of modern sanitary progress.

It has been suggested that the reduced infantile mortality means the preservation of the unfit. The evidence of school medical inspections is to the contrary effect. For the period for which information is available the heights and weights of children of comparable ages are each year found to compare favourably with those of their predecessors.

The saving of infant life and the improved standard of health of children is bound to have a very profound social significance in future years.

The table on page 12 shows in detail the trend of each of these rates since 1874, the earliest year for which figures are available.

General Provision of Health Services in the Area.

A short survey is given in the report of the agencies available in the area for the prevention and treatment of disease.

The alterations and additions to Dellwood maternity home have been completed during the year and have greatly added to the efficiency of that institution.

The utility of the clinics and treatment centres provided by the Corporation is clearly evidenced by the large numbers attending, particularly in the case of the infant welfare centres now established in every quarter of the town.

The extensions to Park Hospital have been fully utilized during the year owing to the serious outbreak of diphtheria.

A conference has taken place between the various hospital authorities of the borough to consider the sufficiency of hospital accommodation and the question of co-operation amongst these authorities. A note on the conclusions arrived at is included in the report.

Details of the number of beds available in the various institutions and the times and places where the clinics are held are also given.

Prevalence of, and Control over, Infectious Diseases.

There are several notable features in the epidemic history of the past year.

Paratyphoid fever which may be described as a mild form of typhoid or enteric fever has been prevalent during several months. There were also several severe cases of true enteric fever resulting in two deaths. Enteric fever has not been prevalent in the borough for many years. The unusual number of cases of paratyphoid fever is probably due to the mildness of this particular form of the disease. The symptoms in some cases may be no more severe than influenza, and the existence of infected persons without symptoms at all appears likely. The spread of infection for this reason would be facilitated and the difficulty of tracing the sources of infection rendered much greater.

Towards the latter end of the year a very grave form of diphtheria appeared with the very high mortality rate of 23 per cent. of cases. In no year since 1908 when the mortality rate was 20 per cent. has diphtheria assumed such a toxic form.

Smallpox which has not appeared in the borough for over twenty years again made its appearance in the early days of the present year when two cases were notified. Numerous cases have also been reported in London and the southern counties area.

The incidence of scarlet fever has been small and the disease mild in character and only in the last months of the year was there any considerable prevalence of measles.

The prevalence of tuberculosis as measured by new notifications and deaths due to this disease has shown little tendency to decrease in recent years. Notifications were more numerous and deaths nearly the same number as in the preceding year.

From the returns of the venereal diseases clinic it will be seen that the number of cases of syphilis in the more recent and more infectious stages continues to decline. The number of cases of gonorrhoea and of the late manifestations of syphilis remain much the same as last year.

Maternity and Child Welfare.

The attention given to the care of mothers and young children continues to occupy a prominent position in all health work. The value of this work cannot be over-estimated and the fact that the facilities offered are fully appreciated is clearly shown by the very large and increasing attendances at all the clinics. Although rebuilding was in progress during a considerable part of the year the number of patients in Dellwood was well maintained. The number of patients booked for admission during the present year indicates that the extended accommodation will be fully taxed.

A more extended reference to the remarkably low rate of infant mortality has been given above.

Inspection and Supervision of Food.

All indications point to the greatly increased care which is being given to the methods of preparation and of handling foodstuffs. Recent legislation and the public attention given to the subject is having a very beneficial effect.

It is a notable feature that no single prosecution for adulteration of milk or other foods was undertaken during the year under the Sale of Food and Drugs Acts.

The results of the examinations of milk for tuberculosis indicate that although better than in the two preceding years there appears still to be a considerable quantity of milk sold containing the living germs.

There has not yet been time to assess the value of recent regulations which define the nature and quantities of preservatives which may be used in food and prohibit entirely the use of other preservatives.

Housing.

The shortage of housing accommodation has not yet been overcome. Details of the number of houses built in the borough during the past thirty years have been included in the report as a guide to what may be regarded as the normal annual demand for new houses.

The Housing Committee has had under consideration the question of slum property. In the absence for the time being of alternative accommodation for the tenants it is not possible to effect any considerable clearance of insanitary houses. Notwithstanding this fact 62 slum houses including some of the worst in the borough have been demolished during the past seven years when the subject was last under review. This number represents approximately one-fifth of the total number recommended for demolition at the earlier date. The remedy of overcrowding is also rendered impracticable in most cases by the impossibility of finding other suitable houses.

I should like to express my indebtedness to all members of the staff for the zeal and loyalty with which they have carried out their duties.

I am,
Your obedient servant,
H. J. MILLIGAN,
Medical Officer of Health.

Statistical Summary, 1927.

Area of borough (in acres)		9,106
Population (Census 1921) (Revised)		92,278
Population (estimated mid-year, 1927) (Registrar General)—		
For birth rate		94,890
For death rate		94 660
Number of inhabited houses (Census, 1921)		20,924
,, ,, ,, (Estimated, October, 1925)		21,800
Number of families or separate occupiers (1921)		22,805
Rateable value (October 1927)		£572,857
Sum represented by a penny rate (October 1927)		£2,245
Number of births registered		1,456
Legitimate		1,384
Illegitimate		72
Nett birth rate (per 1,000 of the population)		15.34
Average birth rate, preceding ten years		18.1
Number of deaths registered		1,165
Crude death rate (per 1 000 of the population)		12.3
Standardized death rate (per 1,000 of the population)		10.7
Average crude death rate, preceding ten years		11.8
Number of persons married		1424
Marriage rate (per 1,000 of the population)		15.0
Number of infant deaths (under one year)		62
Infant mortality rate (per 1,000 births) :—		
Legitimate		41.19
Illegitimate		69.44
Total infant mortality rate (per 1,000 births)		42.5
Average infant mortality rate, preceding ten years		58.5
Tuberculosis death rate (per 1,000 of the population)	All forms	0.99
	Pulmonary	0.89
Average tuberculosis death rate (preceding 10 years)	All forms	1.09
	Pulmonary	0.94
Number of women dying in, or in consequence of, child-birth :—		
From sepsis		1
From other causes		2
Deaths from measles (all ages)		9
Deaths from whooping cough (all ages)		1
Deaths from diarrhoea (under 2 years of age)		4

STAFF.

Medical Officer of Health.

‖ H. J. MILLIGAN, M.C., M.D., D.P.H.,
of Gray's Inn, Barrister-at-Law.

Tuberculosis Officer.

‖ H. R. MINKLEY, M.R.C.S., L.R.C.P.

Medical Officers (part time) Maternity and Child Welfare

‖ AGNES BERNFELD, L.S.A., D.P.H.
‖ SIDNEY GILFORD, M.B., Ch.B.

Visiting Medical Officer (part time) Park Hospital.

E. W. ROWLAND, B.A., M.R.C.S., L.R.C.P.

Public Analyst.

JAMES THOMPSON, D.Ph., F.I.C.

Chief Sanitary Inspector.

‖ * † JAMES DODD.

Assistant Sanitary Inspectors.

* P. B. BROCK.
* W. E. BOND.
* E. L. W. GEEN.
J. P. KINGSLEY.

Chief Clerk.

* G. S. HAWTHORNE.

Clerks.

‖ MISS J. R. SMITH (Tuberculosis Dispensary).
MISS K. SMITH.
‖ MISS N. HULBERT (Maternity and Child Welfare Department).
G. GARDINER.
E. A. SELLAR.

Chief Lady Health Visitor, Inspector of Midwives, and Visitor under the Mental Deficiency Act.

‖ * ‡ MISS SARAH DUTTON.

Lady Health Visitors.

‖ ‡ MISS M. P. GREEN.
‖ ‡ MISS E. A. BODDON.
‖ * ‡ MISS E. F. WHEELER.
‖ * ‡ MISS G. WHITE.

Tuberculosis Nurses.

‖ * MISS M. B. WARD.
‖ MISS D. WATSON.

Matron Park Hospital.

MISS SARA MELVIN.

Matron Dellwood Maternity Home.

‖ ‡ MISS GERTRUDE L. BURNETT (left 12/1/28).
‖ ‡ MISS IDA MAY COOPER (appointed 1/2/28).

* *Certificate of Royal Sanitary Institute.*
† *Meat Inspector's Certificate.*
‡ *Certificate of Central Midwives Board.*
‖ *Indicates those officials to whose salaries contribution is made under the Public Health Acts or by Exchequer Grants.*

County Borough of Reading.

VITAL STATISTICS.

Population. The estimates of the population of the borough which are used for the purposes of all calculations given in this report are supplied from the office of the Registrar General. At the middle of the year 1927 the population was estimated to be for the birth rate 94,890 and for the death rate 94,660. The difference between the two estimates which is now very small is designed to account for the non-civilian element of the whole population. Varying methods have been adopted in an endeavour to gain greater accuracy in the estimates supplied. The method adopted during the past two years which, by taking into account the numbers included in the successive registers of electors, has endeavoured to measure the migration between different areas of the country is still on its trial. It has always been recognised that the further one receded from the census returns the less accurate any estimate of population was likely to be. It will remain until the next census to decide whether the methods now adopted by the Registrar General are superior to those which preceded them.

Birth Rate. The total number of births registered during the year was 1,541. Of this number 104 children were born of parents not normally resident in the borough whilst during the same period intimation was received of 19 children of Reading parents born elsewhere. The nett number of births namely 1,456 represents a birth rate of 15·3 per 1,000 of the population which shews a considerable reduction on any birth rate hitherto recorded.

Illegitimate Births. Of the total number of births properly assigned to Reading, 4·9 per cent. were illegitimate. As has been mentioned in previous reports this percentage remains almost constant year by year.

Marriage Rate. Mr. W. H. Oliver, Superintendent Registrar, informs me that 1,424 persons were married during the year. This represents a marriage rate of 15·0 per 1,000 of the population, compared with 15·1 in each of the two preceding years.

Death Rate. The total number of deaths registered in Reading during the year 1927 was 1,268. Of this number, 164 were the deaths of non-residents of the borough, and 61 Reading residents were reported to have died in other areas. The deaths properly assigned to Reading therefore numbered 1,165, representing a death rate of 12·3 per 1,000 persons living, a rate fractionally higher than that for the preceding year.

In considering death rates it has always been emphasised that the age distribution of the population is a factor of primary importance. It is obvious that a greater number of deaths may be expected in a population containing a large proportion of persons of advanced years than in an equal population which includes a greater proportion of persons in the younger age groups. The population of Reading does in fact contain a larger proportion of persons in the higher age groups than the country as a whole.

To render the crude death rate given above comparable with the returns for the country, it is therefore necessary to apply a "factor of correction" which in the case of Reading calculated on the returns of the last census equals 871

The standardized death rate for the year so calculated is therefore 10·7 per 1,000 of the population.

Deaths in Public Institutions. The number of deaths occurring in public institutions is socially one of importance. Of the total deaths registered during the year 220 occurred in Battle Infirmary, 115 in the Royal Berkshire Hospital, and 28 in Park Hospital. A further 26 deaths of Reading people occurred in institutions, principally mental institutions outside the borough. Nearly one-third of all deaths occurred in these institutions and approximately one-fifth in institutions under the direction of Boards of Guardians.

Infantile Mortality. During the year 62 children died before attaining the age of one year. Calculated on the number of births registered during the same period the infantile mortality rate is equal to 42·5 per 1,000 births, which is easily the lowest rate ever recorded in the borough and much lower than that in other large towns.

More detailed consideration of this subject is given in a later section of the report.

Ward Mortality. Owing to the redistribution of the population on the new housing sites and the absence of reasonably exact information of the present population of the various wards, calculations of ward mortality which have been given in some previous annual reports are not now included.

Comparative Mortality. It is easy to over-estimate the value of statistical returns applying to small numbers or taken over short periods. It appears to me to be impossible to misinterpret returns considered over long periods when considerable populations are involved. For that reason I continue to include in this report a summary extending over a period exceeding 50 years of such statistics as are regarded as being the best measure of health progress in Reading during that period.

TABLE I.

Period.	Birth rate.	Death rate.*	Infantile mortality.	Death rate from pulmonary tuberculosis.
1874-83 (average)	36.5	18.1	131.6	1.99
1884-93 do.	32.0	16.5	127.9	1.47
1894-1903 do.	27.1	14.1	133.7	1.13
1904-13 do.	22.7	12.1	99.2	1.01
1914-23 do.	19.0	12.7	73.2	1.05
1924	17.1	10.7	53.6	0.96
1925	16.0	11.1	56.3	0.79
1926	17.6	12.2	50.5	0.99
1927	15.3	12.3	42.5	0 89

* The death rates given are the crude death rates for each year.

A further table on page 13 will show so far as relative statistical returns can determine how the health of Reading compared with England and Wales and other large towns during the year 1927. It will be seen that in the returns included, Reading occupies its usual favourable position.

TABLE II.

BIRTH RATE, DEATH RATE, AND ANALYSIS OF MORTALITY DURING THE YEAR 1927.

(Provisional figures. The rates have been calculated on a population estimated to the middle of 1927. The mortality rates refer to the whole population as regards England and Wales, but only to civilians as regards London and the groups of towns.) As the registration of stillbirths did not come into operation until 1st July, 1927, no stillbirths are included.)

		Annual Death Rate per 1,000 Population.									Rate per 1,000 births.		Percentage of total deaths.			
	Birth-rate per 1,000 total population	All causes	Enteric fever	Small-pox	Measles	Scarlet fever	Whooping cough	Diphtheria	Influenza	Violence	Diarrhoea & Enteritis (under 2 yrs.)	Total deaths under 1 year	Causes of death certified by registered Medical Practitioners	Inquest cases	Certified by Coroner after P.M. No Inquest.	Uncertified causes of death
England and Wales	16.7	12.3	0.01	0.00	0.09	0.01	0.09	0.07	0.57	0.51	6.3	69	91.7	6.6	0.7*	1.0
107 County Boroughs and Great Towns, including London.	17.1	12.2	0.01	0.00	0.12	0.01	0.10	0.08	0. 49	0.46	8.3	71	91.9	6.6	0.9*	0.6
155 Smaller Towns (1921 Adjusted Populations 20,000-50,000).	16.4	11.3	0.01	0.00	0.07	0.01	0.08	0.05	0.58	0.41	5.0	68	92.7	5.8	0.3*	1.2
London	16.1	11.9	0.01	0.00	0.04	0.01	0.12	0.09	0.39	0.51	7.5	59	90.3	7.9	1.8*	0.0
READING	**15.3**	**†10.7**	**0.02**	**0.00**	**0.09**	**0.01**	**0.01**	**0.18**	**0.31**	**0.26**	**2.5**	**42**	**93.5**	**4.5**	**1.2**	**0.8**

† " Standardized " death rate.

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* The Coroners (Amendment) Act, 1926, which came into operation on the 1st May, 1927, provided for the registration of deaths on a certificate of the Coronor after P.M. without inquest. These percentages relate therefore to 8 months of the year only.

TA

CAUSES OF, AND AGES AT, DEATH, 1927.

	CAUSES OF DEATH.	All Ages.	Under 1 yr.	1—2 yrs.	2—5 yrs.	5—15 yrs.	15— yr
	All causes. Certified ...	1155	62	27	17	26	4
	Uncertified ...	10	—	—	—	—	—
1	Enteric Fever	2	—	—	—	—	—
2	Small Pox	—	—	—	—	—	—
3	Measles	9	1	3	3	2	—
4	Scarlet Fever	1	—	—	1	—	—
5	Whooping Cough	1	—	1	—	—	—
6	Diphtheria and Croup ...	17	—	1	5	10	—
7	Influenza	32	1	2	2	2	4
8	Erysipelas	2	—	—	—	—	—
9	Phthisis (Pulmonary Tuberc'sis)	85	1	4	1	1	14
10	Tuberculous Meningitis ...	5	—	2	2	1	—
11	Other Tuberculous Diseases ...	4	—	—	—	—	1
12	Cancer (Malignant Diseases) ...	120	—	—	1	—	—
13	Rheumatic Fever	—	—	—	—	—	—
14	Meningitis	2	1	—	—	—	—
15	Organic Heart Disease ...	149	1	—	—	—	1
16	Bronchitis	79	3	—	—	—	1
17	Pneumonia (all forms) ...	63	8	6	2	—	5
18	Other Diseases of Respiratory Organs	24	—	1	—	—	1
19	Diarrhoea and Enteritis ...	7	3	1	—	—	1
20	Appendicitis and Typhlitis ...	5	—	—	—	—	—
21	Cirrhosis of Liver	5	—	—	—	—	—
21a	Alcoholism	—	—	—	—	—	—
22	Nephritis and Bright's Disease	36	—	—	—	—	1
23	Puerperal Fever	1	—	—	—	—	—
24	Other Accidents and Diseases of Pregnancy	2	—	—	—	—	—
25	Congenital Debility & Malformation (including premature birth)	33	31	2	—	—	—
26	Violentdeaths(excludingsuicide)	27	2	1	—	2	4
27	Suicide	6	—	—	—	—	1
28	Other defined diseases	418	10	3	—	6	5
29	Diseases ill-defined or unknown	30	—	—	—	2	1
	Totals	1165	62	27	17	26	41
	Sub-headings included in above :						
	Cerebro-spinal fever	—	—	—	—	—	—
	Poliomyelitis	2	—	—	—	—	1
	Broncho-pneumonia	33	7	8	6	1	1
	Venereal Disease	3	2	—	—	—	—
	Cerebral hœmorrhage	44	—	—	—	—	—
	Arterio Sclerosis	112	—	—	—	—	—
	Senile Decay	73	—	—	—	—	—
	Tetanus	—	—	—	—	—	—
	General Paralysis of Insane... ...	—	—	—	—	—	—
	Aneurism	—	—	—	—	—	—
	Locomotor Ataxy	—	—	—	—	—	—
	Encephalitis Lethargica	1	—	—	—	—	—
		268	9	8	6	1	2

* 220 died in Battle Infirmary, 115 in Royal Berkshire Hospital, 28 in Park H and 26 in various Mental and other Institutions outside the Borough.

	Allocated to Municipal Wards.												Deaths in Institutions.	
65 yrs. and upwards	Abbey	Battle	Castle	Caversham	Church	East	Katesgrove	Minster	Redlands	Tilehurst	Victoria	West	Residents of Borough	Non-Residents of Borough.
608	52	130	79	110	126	145	107	66	76	111	67	86	—	—
8	3	2	—	1	—	—	2	—	—	2	—	—	—	—
—	—	1	—	—	—	—	—	—	1	—	—	—	2	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	5	1	1	—	2	—	—	—	2	—
—	—	1	—	—	—	—	—	—	—	—	—	—	1	—
—	—	—	—	—	—	—	—	—	—	1	—	—	1	—
1	—	4	—	—	2	1	5	—	—	4	—	1	17	—
16	4	5	1	4	4	2	—	1	2	3	3	3	2	—
1	1	—	—	—	—	—	—	—	—	—	—	1	—	—
2	2	8	3	10	14	10	7	10	5	7	4	5	30	—
—	2	—	—	—	1	—	—	—	—	2	—	—	3	3
—	—	—	—	1	—	—	1	—	—	—	1	1	3	1
60	5	15	10	18	12	15	6	6	7	13	5	8	34	23
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1	—	—	—	—	—	—	—	—	—	1	—	1	1	2
108	5	23	11	13	17	16	10	7	10	17	4	16	31	9
67	3	7	8	2	8	13	12	1	7	7	6	5	22	—
24	2	4	6	7	7	10	8	8	2	5	—	4	28	9
10	2	2	1	3	3	1	—	2	2	5	2	1	9	1
1	—	—	—	1	—	—	1	—	1	3	1	—	1	—
—	1	1	—	1	—	—	—	2	—	—	—	—	4	1
2	—	3	—	—	1	—	—	—	—	—	—	1	2	1
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
14	3	2	2	6	2	8	5	1	1	2	3	1	15	6
—	—	—	—	—	—	—	1	—	—	—	—	—	—	1
—	—	—	—	—	—	—	1	—	—	—	—	1	—	1
—	5	4	1	—	6	2	2	2	1	3	4	3	3	3
4	—	3	3	2	4	2	7	4	—	1	1	—	17	15
2	1	2	1	—	—	1	—	—	1	—	—	—	1	—
292	19	46	30	41	37	57	37	20	32	38	28	33	150	50
11	—	1	2	2	3	6	5	2	2	1	5	1	10	2
616	55	132	79	111	126	145	109	66	76	113	67	86	*389	†128
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	1	—	—	—	—	1	—	—	—	—
7	3	3	3	—	7	3	3	6	2	2	—	1	—	—
—	—	1	—	—	—	1	—	—	1	—	—	—	—	—
34	2	4	4	3	4	8	5	1	4	2	3	4	—	—
105	3	14	10	11	12	11	10	5	8	10	6	12	—	—
72	4	7	2	—	11	9	7	3	11	12	3	4	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	1	—	—	—	—	—	—	—	—
218	12	29	19	14	35	33	25	15	26	27	12	21	—	—

† 4 died in Battle Infirmary and 124 in Royal Berkshire Hospital.

CAUSES OF, AND AGES AT, DEATH.

From a consideration of the large table on pages 14 and 15, will be seen the various causes to which deaths were assigned, classified according to the international table of causes of death and the distribution of the deaths in various age groups and in municipal wards. The age grouping is a factor of little less importance than the causes of deaths.

The constant reiteration of the excessive number of deaths in infancy resulted in the greatly increased attention given to infant welfare with consequent improvement in infant mortality returns and the not less improvement in the prospect of healthy childhood. At the other end of life's journey it is also found that an increasing proportion of deaths registered are those of persons who have attained the age of 65 years and upwards. During the past year no fewer than 53 per cent. of deaths were those of persons of such advanced years. This figure has not previously been equalled.

The disease conditions which account for the greatest number of deaths are not dissimilar to those of recent years.

Cancer. Amongst these major causes of deaths, the one to which greatest attention is being given at the present time is cancer. No more fallacious use can be made of statistical returns than the undue emphasis which is frequently given to the cancer death rates. It is true that the cancer death rates have been steadily increasing over a period of years. It is also true that the expectation of life has steadily increased over the same period. As cancer is a disease of later middle life or advanced years, it is clear that the greater the number of persons surviving to the later age periods the greater the number of deaths from cancer which may be expected on the basis of age alone.

This aspect may be illustrated from another angle by comparing the death rates from cancer in Reading and in England and Wales during the past 40 years.

TABLE IV.

Period.	Reading.	England and Wales.
1886-1895	0·73	0·66
1896-1905	0·89	0·82
1906-1915	1·00	0·99
1916-1925	1·28	1·21
1926	1·50	1.36
1927	1·27	—

It will be seen that throughout the period, the Reading cancer death rate has been uniformly higher than that of the whole country. It has been mentioned in a previous paragraph of the report that the age distribution of the Reading population showed a greater proportion of persons in the higher age groups than were found in the population of the whole country. For this reason it is to be anticipated that the cancer death rate of Reading will continue to be higher than that of the rest of the country. I know of no reason to suppose that cancer is particularly prevalent in Reading.

The continually increasing level of medical education and the increased surgical skill available will tend to more correctly assign deaths to cancer that were previously attributed to other causes. More knowledge of the subject is constantly being acquired and it is especially gratifying to note from the mass returns now being published by the Ministry of Health, that the prospects of the cancer patient are constantly improving. The earlier returns referring to cancer of the breast showed that operative treatment doubled the expectation of life of patients suffering from this form of the disease. More recent returns indicate that cancer of the rectum previously considered a much more serious manifestation of the disease is also capable of effective surgical treatment in a large proportion of cases. By operative treatment, coupled with the use of radium and x-rays, it would appear that the outlook for the sufferer from cancer is very much brighter than even in very recent years.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

The Ministry of Health have asked for a report on all agencies providing health services in the area. This matter has been the subject of inquiry in so far as it affects hospital provision in Reading by a joint committee representing the County Borough Council, the Board of Guardians and the Royal Berkshire Hospital.

The object of the inquiry was to ascertain how far the existing agencies met the demand for hospital provision of all kinds and how far closer co-operation and co-ordination might remove any existing deficiency which might be discovered.

As a preliminary step the conference considered whether every branch of hospital service in the area served by the three authorities was provided for. These branches include medical, surgical and children's beds, special branches dealing with eye diseases, diseases of the ear, nose and throat, orthopaedic conditions, electro-therapy, massage, skin diseases, pathological work and dental services which in the main are provided by the Royal Berkshire Hospital.

Provision for tuberculosis and infectious diseases is chiefly made by the county borough council which shares with the Royal Berkshire Hospital the duty of providing for maternity cases.

The Board of Guardians provide for the more chronic type of patient and for mental diseases as well as dealing to some extent with ordinary medical and surgical patients.

As a result of the inquiry it became evident that all the above mentioned services were provided for in the borough and that the principal deficiency arose from the lack of sufficient beds for acute surgical cases.

The Royal Berkshire Hospital have already initiated a scheme of extension to provide 60 beds for immediate use, and capable of expansion to four times that number. The immediate purpose of this hospital is to receive cases of diseases of bones and joints which at present occupy beds for long periods, but it will also be available for patients recovering after operation and such patients as would benefit by open-air treatment.

It is anticipated that this branch hospital when complete will relieve the strain that is felt on the surgical side of the hospital the work being further facilitated by the new double operating theatre now nearing completion.

The conference also agreed that the association and co-operation between the various authorities was satisfactory and that no arrangement would modify schemes for extension to meet the requirements of the several bodies.

HOSPITALS PROVIDED OR SUBSIDIZED BY THE COUNTY BOROUGH COUNCIL.

A.—(1) **Fever.**

Park Hospital. The hospital as now extended has 66 beds for infectious diseases. One pavilion is used for female patients suffering from the more advanced stages of tuberculosis when it is not required for the acute infections.

(2) **Smallpox.** Whitley smallpox camp was designed to accommodate 9 patients. Arrangements had been made to extend the accommodation under canvas. This provision has been recognised to be unsuitable and insufficient and the subject is at present under consideration by a special committee.

B.—(1) **Tuberculosis.**

(*a*) *Sanatoria.* No sanatorium beds are definitely retained by the council under agreement. The majority of adult patients go to the Grosvenor Sanatorium, at Ashford, Kent, and of children to Oak Bank Sanatorium, Sevenoaks, Kent, and Heath End Sanatorium, Farnham, Surrey. The average number of patients maintained in these and other sanatoria is about 30, and no difficulty has been experienced in obtaining beds when required.

(*b*) *Hospitals.* There is a pavilion containing 12 beds for adult male patients at the Park Hospital. As mentioned above, a pavilion containing 18 beds is now available for female patients, when not required for acute infections. This pavilion has been in use during the greater part of the year.

(2) **Maternity.** *Dellwood Maternity Home.* The Home has been extended during the year and now contains a total of 16 beds for all purposes, including isolation. The home is designed to deal with normal cases. (The Royal Berkshire Hospital provides for complicated cases).

(3) **Children.** There is no special hospital for children other than the beds provided at the Royal Berkshire Hospital.

(4) There is no institutional provision for unmarried mothers, illegitimate infants and homeless children other than that provided by the Board of Guardians.

The following summary shows the hospital accommodation provided by the Council :—

Conditions Treated.	Institution.	No. of beds.
Infectious diseases, including tuberculosis	Park Hospital	78
Tuberculosis	Various sanatoria	30
Smallpox	Whitley camp	9
Maternity cases	Dellwood maternity home ...	16

Clinics and Treatment Centres provided by the Corporation :—

The following clinics and treatment centres are in operation in the borough :—

Infant Welfare Centre	Star Lane, London St.,	Wednesday and Friday.
,,	Elm Park Hall	Tuesday.
,,	Weston Mead, Caversham,	Thursday.
,,	St. Barnabas' Hall, Shinfield	Thursday.
,,	Park Institute ...	Friday.
,,	Village Hall, Tilehurst	Monday.
Ante-Natal Clinic ...	Star Lane, London St.	Tuesday (two sessions)
Tuberculosis Dispensary	1, London Street ...	Daily.
Venereal Diseases Clinic	Royal Berkshire Hospital	Wednesday and Saturday

The Education Committee's clinics are :—

Inspection clinics, twice weekly	Held at Reading Education Committee Offices, Blagrave St.
Minor ailments clinic, daily	
Dental clinic, daily	
Clinic for errors of refraction, twice weekly	
X-ray clinic for treatment of ringworm, once weekly ...	
Aural clinic, twice weekly	

Operating clinic for tonsils and adenoids, once monthly at the Royal Berkshire Hospital.

OTHER HOSPITAL ACCOMMODATION AVAILABLE FOR THE DISTRICT.

(*a*) The Royal Berkshire Hospital contains 225 beds allocated as follows :—

Surgical (male 56, female 54)	110
Medical (male 28, female 30)	58
Children...	20
Opthalmic (male 10, female 6)	16
Venereal diseases	6
Ear, nose and throat	8
Maternity	7

(*b*) The Battle Infirmary of the Reading Board of Guardians has 239 beds. Ordinarily these beds are devoted 139 to men and 100 to women. Included in this number are 23 sanatorium beds (16 male and 7 female) 55 for mental cases (25 male and 30 female) a maternity ward with 8 beds and 12 isolation beds.

PROFESSIONAL NURSING IN THE HOME.

The Queen Victoria Nursing Institute, Reading, and the Caversham District Nursing Association, are responsible for all the professional nursing in the borough. The council makes grants to both institutions. Through the agency of the Reading Council of Nursing Services certain approved societies now provide skilled nursing as an additional benefit under the Insurance Act.

Apart from the above no special arrangements are made for the nursing of cases of infectious disease in their own homes.

Borough of Reading Medical Society Ltd. and the Reading Public Dental Service. These are limited companies conducted by the members of the two professions. The object is to provide medical and dental treatment for the dependents of insured persons and others whose incomes do not exceed £250 per annum.

Ambulance Facilities. (*a*) For infectious cases the Corporation has one motor ambulance and one auxiliary horse-drawn vehicle.

(*b*) The Watch Committee has provided a motor ambulance for accidents and other non-infectious cases.

The Royal Berkshire Hospital has two motor ambulances.

The British Red Cross Society has two motor ambulances for accidents and non-infectious cases.

LABORATORY WORK.

The bacteriological work carried out during the year and the results of the examinations are as follows :—

	Positive.	Negative.	Total.
For the detection of the tubercle bacillus	97	299	396
For the detection of the diphtheria baccillus—Health Department and Park Hospital ...	100	322	422
	197	621	818

Bacteriological and blood examinations for the diagnosis of venereal diseases is included in the venereal diseases agreement with the Royal Berkshire Hospital where the following examinations were made :—

Wasserman blood reactions	380
Examinations for spirochaetes	2
Examinations for gonococci	326

The bacteriological examination of milk for the purposes of the Milk (Special Designations) Order and for the detection of the tubercle bacillus is carried out at the Research Institute, Reading University. The results of these examinations are found in another section of the report.

Chemical Work. The chemical work required for the purposes of the Sale of Food and Drugs Acts is carried out by Mr. James Thompson, D.Ph., F.I.C., Agricultural Analyst at Reading University, who is the Public Analyst for the borough. Details of the results of his examinations will be found on page 49.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASE.

There have been several notable features in the epidemic history of the past year.

Paratyphoid fever, a mild form of enteric fever, has been prevalent throughout the latter half of the year. There also occurred a group of cases of true enteric fever which was much more serious in type.

Although the total number of cases of diphtheria notified is not unusually high, the type of the disease was more severe and the mortality rate much higher than has been the case for many years.

The incidence of scarlet fever was about the average of recent years and the type of the disease continues to be very mild.

The end of the year saw the prevalence of measles begin to assume epidemic proportions, but the epidemic aborted early in the present year.

No case of smallpox occurred during the year 1927, but a case of which details are given later, was diagnosed in the early days of January of this year.

The accompanying table on page 23 indicates the number, age incidence and ward distribution of all notified cases of infectious disease.

Smallpox. No case of smallpox was notified during the past year. During the early days of the present year, however, one case was notified, the first for over twenty years. The patient, a vagrant, was admitted to the casual ward of Battle Infirmary, and a few days later was found to be suffering from smallpox. He had received his infection in the casual ward of an infirmary on the south coast where an unrecognised case had been admitted, and he developed the disease twelve days later, by which time he had reached Reading. Arising from the original missed case, further cases have occurred in casual wards and workhouses throughout the southern area, which has hitherto been free from the disease. The infection from this source also extended to the midlands. The first of all these cases to be diagnosed as smallpox was the Reading patient. Fortunately, he was recognised in the earliest phase of the disease, so that no opportunity was given for the spread of infection, and the disease was immediately brought under control. At the time of writing, only one other case of exceptionally mild type has occurred, the precise origin of his infection being unknown.

It has been mentioned in all recent annual reports that smallpox is prevalent in various parts of the country and that the continued immunity of Reading and the southern area could not be guaranteed.

The prevalent type of the disease is mild, and is sometimes called " variola minor ". It appears to threaten little danger to life, although in some of the cases considerable scarring has resulted. Epidemics of this type have been described by Jenner himself, and have often been recorded since. Our present experience would also indicate that this mild type of the disease breeds true, that is to say that cases of mild smallpox give rise to other cases of mild smallpox over long periods. The behaviour of this mild form of the disease is also stated to be capricious in its power of giving rise to infection in others. Some cases like the vagrant mentioned above appear to be capable of infecting a large proportion of people who come in contact with them whilst in other instances where abundant opportunity for infection appears to be present, few secondary cases follow.

Notwithstanding this situation smallpox can still be a grave source of inconvenience to the individual and a source of considerable anxiety and expense to the community.

It is also clear from our present experience that numerous opportunities for infection have arisen and are likely to arise.

Many vagrants, known contacts of smallpox, have been kept under observation in their passage through Reading, some of whom have been vaccinated and are thus protected against the disease. Others have passed on and developed smallpox at a later stage of their travels. One such tramp passed the night in a common lodging house in the borough, and the following day was found to be suffering from smallpox at Basingstoke. In some such manner the disease might extend to the general population.

In view of these circumstances the vaccination returns give some ground for anxiety. It is perfectly clear that vaccination protects against both the major and minor forms of the disease.

I append the vaccination returns for the year 1926, for which I am indebted to Mr. W. H. Oliver, Clerk to the Guardians. It will be seen that not more than 18 per cent. of children are now successfully vaccinated, the returns differing little from those of all recent years.

TABLE V.

Districts.	Number of births Registered.	Number of children successfully vaccinated.	Insusceptible of vaccination.	Had Small Pox.	Died un-vaccinated.	Exemption from vaccination by Statutory Declaration of "Conscientious Objection."	Postponement by Medical Certificate.	Removed to other districts.†	Removed to places unknown.	Number of births remaining (unaccounted for).	
										No.	Rate per cent of total births
No. 1	646	67	—	—	31	347	3	19	35	144	22.29
No. 2	699	134	—	—	21	415	2	42	40	45	6.44
No. 3	293	58	—	—	7	180	1	2	16	29	9.89
Whole Borough	1638	259	—	—	59	942	6	63	91	218	13.31

Measles. Measles tended to assume epidemic proportions towards the end of the year when 342 notifications were received. The epidemic however aborted in the early part of the present year. There were nine deaths assigned to measles which must always be regarded as a serious disease in young children. The number of deaths though always considerable is not to be regarded as the total measure of the damage done by this disease. It is so frequently complicated by bronchitis and pneumonia, and general debility that the result of an attack cannot always be said to end with the acute phase. It is believed that subsequent tuberculosis frequently has its origin in an attack of measles.

TABLE VI.

CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1927. CLASSIFIED IN AGES AND LOCALITIES.

Notifiable Diseases.	Number of Cases Notified								Total Cases Notified in each Municipal Ward.												*Notified* Cases Removed to Isolation Hospital.	Total Deaths in Isolation Hospital
	At all ages.	At Ages—Years. Under 1 year.	1 and under 5 years.	5 and under 15 years.	15 and under 25 years.	25 and under 45 years.	45 and under 65 years.	65 years and upwards.	Abbey	Battle	Castle	Caversham	Church	East	Katesgrove	Minster	Redlands	Tilehurst	Victoria	West		
Small Pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles...	342	7	89	244	1	1	—	—	20	27	29	15	38	142	18	15	23	3	4	8	9	—
Diphtheria	74	—	18	47	6	2	—	1	2	15	3	—	3	—	18	2	3	21	2	5	68	15
Erysipelas	33	—	—	2	5	11	9	6	1	2	3	2	6	3	4	—	1	4	3	4	—	—
Scarlet Fever	140	1	28	87	21	3	—	—	7	17	6	22	6	17	5	2	5	30	11	12	133	2
Typhus Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric Fever	44	—	7	16	10	10	1	—	—	7	—	3	8	6	2	—	11	5	1	1	5	—
Puerperal Fever	7	—	—	—	2	5	—	—	—	—	—	—	1	—	2	—	1	2	—	1	—	—
Puerperal Pyrexia	11	—	—	—	3	8	—	—	1	—	1	4	1	—	1	—	1	1	—	1	—	—
Cerebro-Spinal Meningitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis	2	—	—	—	1	1	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—
Pulmonary Tuberculosis ...	159	1	4	13	40	69	30	2	11	21	8	19	23	7	14	15	12	11	10	8	94	10
Other Forms of Tuberculosis	23	—	3	8	6	5	1	—	—	4	2	1	2	2	1	3	3	4	1	—	—	—
Ophthalmia Neonatorum ...	10	10	—	—	—	—	—	—	—	1	—	—	2	—	—	—	2	4	—	1	—	—
Acute Primary Pneumonia ...	21	3	4	—	5	5	2	2	—	5	1	—	1	8	1	1	—	2	1	1	1	—
Trench Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis Lethargica ...	2	—	—	1	—	—	1	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	868	22	153	418	100	120	44	11	42	99	53	66	91	188	66	38	62	88	33	42	*319	†28

* Includes 9 patients admitted suffering from "other diseases."

† Includes one other patient admitted and died from pneumonia and meningitis.

Scarlet Fever. Scarlet fever cases have again this year been few in number and mild in character. This is another epidemic disease which has completely changed its character within recent memory. Only one death was assigned to this cause.

The attack in many of the patients was so mild as to scarcely inconvenience them. A further note on scarlet fever with the incidence of complications will be found in the report of Park Hospital.

Diphtheria. The total number of cases of diphtheria notified during the year was 74. Although the number is higher than that of the two preceding years it is little in excess of the average numbers notified annually during the past ten years, indeed it is if anything rather below the average. What is however striking is the unusual severity of the type of the disease which has been prevalent. The number of fatal cases was 17 representing a mortality rate of 23 per cent. of all notified cases both mild and severe, compared with a mortality rate of slightly over 4 per cent. in the two preceding years, and an average mortality rate of 8·6 per cent. in the last ten years. At the present time we have no exact knowledge to inform us on the determining factors which govern the prevalence and still less the type of these epidemic diseases.

Though it was easy to trace the source of infection in certain individual cases of those occurring during the epidemic, it was not possible to trace the reason for the whole epidemic. Certain areas of the borough had a large number of cases but these areas are the most highly populated so that the case incidence amongst the susceptible population was fairly evenly distributed throughout the whole town.

A note by Dr. Rowland on the clinical features of the patients under treatment will be found included in the report of Park Hospital. Diphtheria antitoxin is made available to general practitioners for those of their patients who may require it, but no work has yet been done by Schick testing and subsequent immunization amongst the general child population.

Enteric Fever. The term enteric or typhoid fever includes several members of a group of infections all of which attack the intestine. The different members of this group vary in their virulence, the paratyphoid B form of the disease which has been prevalent during the year, being much less severe than what may be termed the old or true enteric fever. Each of the varieties of the disease can be differentiated by bacteriological means.

The total number of notifications received was 44 of which 38 were suffering from paratyphoid B fever, and 6 from typhoid or enteric fever.

From the facts mentioned above that the disease attacks the intestine, it can be inferred and is in fact true that the means of spread of the disease is by the excreta. When infected excreta gains access to water supplies or to milk, as has frequently happened, the result is usually an explosive outbreak of the disease affecting a large proportion of the consumers of the infected material. In the present instance the increased prevalence of paratyphoid fever did not suggest that any common article of diet was the means of conveyance. It soon became clear that the water supply was not the source of infection. Numerous bacteriological examinations of the water were carried out with completely negative results, and it was also found that similar cases were occurring in the county area outside the boundaries of the water supply. The milk supplies of the patients were so numerous and so distinct that milk obviously could not be the source of infection. Other articles of diet like shellfish, various vegetables and fruits, and particularly ice cream, which have been known at different times to be the means of conveying disease, were explored without finding a probable common source in the present instance.

The geographical distribution of the patients throughout the borough and the different social classes to which they belonged rendered it highly improbable that infection was conveyed from one known case to another.

A probable explanation of the peculiar incidence of the notified cases might be that the extent of the infection was much more widespread than would appear from the number of notifications received. It has already been mentioned that the symptoms of paratyphoid fever are much less severe than is the case with true typhoid fever. In no case of the present series did the life of the patient appear to be seriously menaced and in many the attack simulated an attack of influenza. It is not unreasonable to suppose that other persons suffered from an attack which was regarded as influenza, and from evidence obtained elsewhere, it is known that many persons can suffer the invasion of the bacillus of paratyphoid fever without shewing any symptons at all.

From these observations it will appear that persons suffering from the disease in so mild a form as not to be readily diagnosed may be capable of conveying the disease to others more susceptible who will develop the characteristic signs of infection.

The present series of cases gave further support to this view in the periodicity of their occurrence. They appeared definitely to arrange themselves into groups occurring at intervals of approximately a month. The occurrence of cases of infectious disease in crops is well recognised, in the case for example of measles and smallpox, where infection (in all but exceptional cases of the latter disease) is conveyed from person to person. As a contrast the case of scarlet fever and influenza might be noted, in which diseases the incubation period is so short and the cases of an epidemic come so close together that the periodicity of their incidence becomes unrecognisable. Having regard to the fact that the incubation period of paratyphoid fever is like that of measles and smallpox, a long one, being on the average about fourteen days and assuming that infection takes place from person to person, the prevalence of this particular infection over a period of nearly six months, from May to December, might be explained in the manner suggested.

As a marked contrast to those persons who suffered from the paratyphoid type of enteric fever was another fortunately much smaller group of patients who suffered from true enteric fever. These patients were readily distinguished bacteriologically and also unfortunately by the gravity of their symptoms. The first two cases were notified in October, the first being a young man who succumbed, the second a young married woman who suffered a prolonged and serious illness but finally recovered. It was not possible to trace the source of infection in the fatal case. On inquiry into the remaining case, however, a train of sickness in the household was discovered. The original source of infection developed in a brother some two to three months before. The nature of his illness was not recognised, but from the development of lung symptoms he was finally thought to be suffering from tuberculosis. A second brother later became seriously ill but recovered within three weeks, his illness being supposed to be due to influenza. At the time of the inquiry two children of the household were found to be ill, one near the beginning and one nearing the end of his illness, but both of these children were found by bacteriological means to be suffering from typhoid fever, although it is doubtful whether the nature of the illness could have been readily recognised, but for the history attaching to it.

At the same time the only remaining child in the household, and a step-brother of the original patient in another household were already incubating the disease. Both became very seriously ill, the child finally making a good recovery, the man however died.

The difference between the two series of cases is manifest in the severity of the symptoms and the results, but the similarity in the periodicity of their occurrence would not be so readily observed. The gravity of true typhoid draws attention to itself, even the less severe of these infections confining the patient to bed for at least a fortnight whilst the more severe infections entail an illness extending over some months, if not fatal at an earlier time. The succession of cases in typhoid fever is assumed especially as in this case when the source of the infection can be easily traced. In the case of paratyphoid if we assume what from evidence from other sources is very likely to be true, the existence of extremely mild cases or even infection without symptoms at all, we shall look for the continuance of this infection not as is commonly done in a prevalent infection of some article of food but by personal intermediaries conveying infection directly or nearly directly.

At the end of the year fortunately both types of the disease had disappeared, and no further notifications have been received.

Cerebro-Spinal Fever, Encephalitis Lethargica, Poliomyelitis.

These infectious diseases of the central nervous system have been popularly named "spotted fever," "sleepy sickness," and "infantile paralysis" respectively and their importance has been referred to in previous reports. The high fatality rate which attends them and the very serious sequelae which so frequently complicates the recovery of non-fatal cases cannot fail to command attention.

It is fortunate that only four notifications of all the diseases of this group have been received during the year.

Of two cases of encephalitis lethargica, one proved fatal and one made a good recovery. Both patients were adult women and it illustrates the difficulty of diagnosis that the nature of the disease in the fatal case was only recognised post mortem.

The remaining two notifications were cases of acute anterior poliomyelitis which both proved rapidly fatal.

There were no notifications of cerebro-spinal meningitis received during the year.

Puerperal Fever. Reference to this disease as well as to puerperal pyrexia and opthalmia neonatorum is included in the section of the report devoted to maternity and child welfare.

PARK HOSPITAL.

I am indebted to Dr. Rowland for the following records and for the clinical notes on patients admitted to Park Hospital during the year.

The extended accommodation has been fully utilized during the year. Owing to the large number of diphtheria patients, and the severity of their infection which necessitated a prolonged stay in hospital, it was necessary to maintain three pavilions for the disease during a considerable part of the year.

TABLE VII.

Disease.	Remaining in hospital 1 Jan., 1927.	Since Admitted.	Since Discharged.	Died in hospital.	Remaining in hospital 31 Dec., 1927.
Scarlet Fever	17	133	125	2	23
Diphtheria	2	68	34	15	21
Tuberculosis	10	94	72	10	22
Other Diseases	3	24	26	1	—
Totals	32	319	257	28	66

Scarlet Fever. There were 133 cases of scarlet fever admitted during the year, which with few exceptions were mild in type. There were two deaths one being a very septic infection, the other, a small child, had also suffered severe burns and died of broncho-pneumonia. There were three return cases.

The incidence of complications is probably a good indication of the severity of the type of disease which is prevalent, and is noted in each annual report for the purpose of record and comparison.

During the year seven patients or 5·2 per cent. suffered from otorrhoea ; six or 4·5 per cent. had rhinitis and an equal number arthritis ; four or 3 per cent. had transient albuminuria and two or 1·5 per cent. pericarditis. None of these complications were severe and all the patients made good recoveries.

Three patients suffered from two diseases concurrently, paratyphoid fever, diphtheria and chicken pox occurring in each case with scarlet fever.

There was no extension of the mixed infections to other patients.

Diphtheria. There were 68 cases of diphtheria admitted to Park Hospital during the year. During the earlier months of the year cases were few in number and of the average type, but at the beginning of October, patients evidently much more seriously infected were admitted, and in the following month a deeply toxic type of the disease appeared which promised little hope of recovery in the more severe cases.

Many of the patients suffered from secondary infection with other organisms, the fauces being intensely swollen and giving off a foetid secretion.

Swelling of the neck resulted in the disease being mistaken for mumps in some cases so that only in the late stages when the condition was desperate was a doctor called in.

The type of the disease continued from October until February of the present year. During that period, 64 patients were admitted, of whom 14 died. Of those who recovered, 16 suffered a long illness with severe complications particularly a very marked toxaemia and paralysis. Many of the toxic cases showed serious affection of the heart resulting from the action of the toxin on the vagus nerve and had to be most carefully nursed in bed during a long convalescence.

Of those patients who died, it was stated that on the average the disease had reached the fourth or fifth day before admission to hospital. It would appear however from the condition of the throat on admission that the period may sometimes have been understated. The condition was so grave that antitoxin had no time to act and in others with serious mixed infection the antitoxin could not of course be expected to exercise a specific action.

There were two cases of laryngeal diphtheria necessitating tracheotomy both of which proved fatal. One of these patients died from broncho-pneumonia, the other from tracheal obstruction below the tracheotomy tube.

Other Diseases. As mentioned elsewhere in this report paratyphoid fever was prevalent during the year. The majority of these patients were treated at the Royal Berkshire Hospital, but five were admitted to Park Hospital and all made good recoveries.

Nine cases of measles were treated of whom two suffered from severe broncho-pneumonia.

DISINFECTION.

As in previous years, the work of disinfection was carried out by the health department. This includes all the work arising in connection with infected homes in the district and all the necessary disinfection for Dellwood maternity home, as well as in certain of the adjoining rural districts, with whom we have agreements to carry out disinfecting work as required.

The following summary shows the extent of the work carried out during the past year :—

	Number of			
	Houses.	Rooms.	Beds and Mattresses.	Miscellaneous Articles.
Reading district	397	420	317	2394
Adjoining districts	22	14	22	284
Dellwood maternity home ...	—	7	80	296
Miscellaneous institutions in Reading	—	55	18	145
Total	419	496	437	3119

TUBERCULOSIS.

The incidence of tuberculosis as measured by the number of notifications received, and the number of deaths assigned to the various forms of the disease has not varied materially in recent years. The number of notifications of pulmonary tuberculosis was higher than in any recent year, and the number of deaths due to pulmonary tuberculosis about the average of recent years. The notification of and deaths due to the non-pulmonary form of the disease are of course much less numerous than in the case of pulmonary affections but neither shows a serious departure from recent corresponding returns.

I append a table shewing the number of notifications and deaths reported since the war period :—

TABLE VIII.

Year.	Number of cases notified.		Number of deaths.	
	Pulmonary.	Non-pulmonary.	Pulmonary.	Non-pulmonary.
1918	167	18	115	20
1919	123	13	81	12
1920	108	10	75	16
1921	106	36	82	15
1922	125	11	81	19
1923	112	22	93	16
1924	124	16	90	7
1925	119	11	74	12
1926	142	27	92	12
1927	159	23	85	9

Notification. It appears to be impossible to gain early information of cases of tuberculosis. Of 85 persons whose deaths were registered as due to tuberculosis, 20 had never been notified at all, and information regarding them was first obtained from the death returns. Of the remainder it was found that 10 were notified within one month and 11 within three months of the fatal termination of the disease. It is obvious that nothing can be done in this large proportion of cases, amounting to nearly one-half, to improve the condition of these patients and very little by way of preventing the spread of their infection to others.

In each case of omission to notify, a letter is sent to the practitioner in charge of the case, but from inquiry it appears that many tuberculous subjects only seek medical assistance at a late stage of the disease.

Public Health (Prevention of Tuberculosis) Regulations, 1925.

These regulations empower local authorities to prohibit persons suffering from tuberculosis in an infectious state from engaging in the milk trade and to compensate them for loss of employment.

Public Health Act, 1925. Section 62 of this Act empowers local authorities to remove to hospital any person who is suffering from pulmonary tuberculosis in an infectious state whose lodging is such that proper precautions cannot be taken to prevent the spread of the infection.

No action was taken or was found to be necessary under either the above regulations or the Public Health Act during the year.

Table IX. presents an analysis of notifications and deaths of new cases received during the year :—

TABLE IX.

Age Periods.	*Total* new cases received during the year				No. of these cases who died during the year.			
	Pulmonary.		Non-pulmonary		Pulmonary.		Non-pulmonary	
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.
Under 1 year ...	1	1	—	—	1	—	—	—
1 year to 5 years ...	4	2	1	5	3	2	—	4
5 years to 10 years	2	2	2	1	—	1	—	—
10 ,, 15 ,, ...	6	4	2	5	—	—	—	1
15 ,, 20 ,, ...	11	8	2	1	2	2	1	—
20 ,, 25 ,, ...	11	14	2	2	1	2	—	—
25 ,, 35 ,, ...	28	18	2	2	8	7	—	—
35 ,, 45 ,, ...	12	15	—	—	1	2	—	—
45 ,, 55 ,, ...	12	9	—	—	7	2	—	1
55 ,, 65 ,, ...	11	5	1	1	5	2	1	—
65 and upwards ...	3	—	1	—	3	—	1	—
Totals ...	101	78	13	17	31	20	3	6

Tuberculosis Dispensary. The following report by Dr. Minkley, the Tuberculosis Officer, gives the details of the work carried out during the year :—

" Number of new cases examined	288
Adult males transferred from other areas	3
	291

Of these 291 new cases :—

Persons suffering from pulmonary tuberculosis numbered ...	122
Persons suffering from non-pulmonary tuberculosis numbered	14
Persons presenting such symptoms and signs as gave rise to suspicion and necessitated extended observation	69
Persons found to be not suffering from tuberculosis	86
	291

Total number of attendances by patients during the twelve months	3989

Examination of Contacts. Of the 291 cases noted above as coming under the cognizance of the Tuberculosis Officer during 1927, 73 attended for the purpose of examination as having been more or less closely associated with known cases of tuberculosis, and as having therefore been exposed to especial danger of contracting the disease. Of these 73 " contacts " one was found to be suffering from non-pulmonary tuberculosis, 19 presented symptoms or signs of suspicious character and calling for continued observation, the remainder, 53, shewed no clinical signs of infection.

TABLE X.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1912.

Summary of Notifications received during the year 1927.

Age Periods.	Number of Notifications on Form A.													No. of Notifications on Form B.				No. of Notifications on Form C.	
	Primary Notifications.												Total Notifications *i.e.*, including cases previously notified by other doctors	Primary Notifications.			Total Notifications *i.e.*, including cases previously notified by other doctors	Poor Law Institutions	Sanatoria
	Under 1 year	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and upwards	Total		5 to 10	10 to 15	Total			
Pulmonary (males)	—	3	2	6	10	10	26	12	9	10	2	90	104	—	—	—	—	9	78
Pulmonary (females)	1	1	1	4	7	13	16	15	8	3	—	69	71	—	—	—	—	12	63
Non-Pulmonary (males)	—	1	2	2	1	2	2	—	—	—	—	10	10	—	—	—	—	2	3
Non-Pulmonary (females)	—	2	1	4	1	2	2	—	—	1	—	13	15	—	—	—	—	—	5

Patients notified as suffering from both pulmonary and non-pulmonary disease are included among the "pulmonary" returns **only.**

SUPPLEMENTAL RETURN.

New cases of Tuberculosis coming to the knowledge of the Medical Officer of Health or Chief (Administrative) Tuberculosis Officer during the period from the 2nd January. 1927, to the 31st December, 1927, *otherwise* than by notification on Form A or Form B under the Public Health (Tuberculosis) Regulations, 1912.

Age periods.	0 to 1.	1 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 25.	25 to 35.	35 to 45.	45 to 55.	55 to 65.	65 and upwards.	Total Cases.
Pulmonary (males) ...	1	1	—	—	1	1	2	—	3	1	1	11
Pulmonary (females)	—	1	1	—	1	1	2	—	1	2	—	9
Non-pulmonary (males)	—	—	—	—	1	—	—	—	—	1	1	3
Non-pulmonary (females)	—	3	—	1	—	—	—	—	—	—	—	4

N.B.—All of the cases shewn in the Supplemental Return were taken from the death returns, two of them being "inward transfers."

Home Supervision. The Tuberculosis Officer paid visits to their own homes in the case of 78 persons, in 30 instances meeting and conferring with the patient's medical attendant at the home, and in all instances with the consent and subsequent co-operation of the practitioner.

The two tuberculosis nurses paid 2,368 visits to the homes of patients, of which number 159 were paid to the homes of ex-service men.

The home conditions of tuberculous persons within the borough, as stated in previous years, do, on the whole, continue to be satisfactory. In some instances, however, where the conditions are manifestly unfavourable to the patient's state, and where danger of massive infection to young children appears to be increased by reason of their sleeping in the same room with adults with tubercle bacilli in the sputum, special endeavour has been made to obtain housing accommodation better suited to the patient's condition, and where he or she may have separate sleeping accommodation.

Shelter Treatment. Twenty-nine open air shelters provided by the Corporation for the use of patients in the gardens adjoining their homes have been in regular use during the year. The use of such shelters during the prolonged wet weather which was experienced during 1927 has enabled persons to spend very many hours in open air conditions, when they would otherwise have been forced indoors by the inclement conditions.

Sanatorium Treatment. Patients have received treatment at the following institutions :—

Grosvenor Sanatorium, Kennington, Ashford, Kent	58
Papworth Hall, Cambridge	1
Church Army Sanatorium for Lads, Heath End, Farnham, Surrey	5
Oak Bank Sanatorium and Residential Open Air School, Sevenoaks, Kent	10
Wingfield Orthopaedic Hospital, Headington, Oxford	9
Alexandra Hospital, Swanley, Kent	1
Royal Sea Bathing Hospital, Margate	1
	85

	Remaining in Sanatoria, Dec. 1926		Admitted during the year 1927.		Totals.	
	Males.	Females.	Males.	Females.	Males.	Females.
Adults ...	10	12	23	16	33	28
Children ...	5	5	6	8	11	13
Totals ...	15	17	29	24	44	41

The condition at the end of the year of patients treated in sanatoria was as follows :—

Disease quiescent	13
Improvement maintained	39
Disease progressive	3
Died	3
Remaining in Sanatoria	27
	85

The Tuberculosis Pavilions, Park Hospital, Reading. Cases, for the most part of more advanced type than are suitable for treatment on strictly sanatorium lines, have been treated at this institution, and such treatment became available for women in the early part of 1927.
Analysis of the cases is as follows :—

	Males.	Females.	Total.
Remaining in pavilion, Dec., 1926 ...	10	0	10
Admitted during year 1927	46	48	94
Totals	56	48	104

The condition of patients on discharge from the pavilions is shewn below :—

	Males.	Females.	Total.
Disease quiescent	7	9	16
Improved	22	19	41
No material improvement	8	7	15
Died in institution	7	3	10
Remaining in pavilions on Dec. 31st, 1927	12	10	22
	56	48	104

Special Treatment. Artificial pneumothorax refills have been given at the dispensary with good results. A few cases have continued to receive ultra-violet ray therapy at the Royal Berkshire Hospital and have derived material benefit. Injections of collosol calcium have been continued for appropriate cases and have been a useful adjunct to general treatment.

Examination of Specimens—Sputum.

Number sent in by doctors	266
Dispensary specimens	121
Other specimens	9
	396

In 97 of these tubercle bacilli were found to be present, in 299 there were no tubercle bacilli.

Tuberculosis Dispensary Care Association. This Association has continued to be the agent through whom with the advice of the Tuberculosis Officer ancillary treatment has been given. By this the Council expends up to £2 per annum per thousand of the population in provision of extra nourishment for necessitous cases. This grant suffices only to cover the needs of the most urgent cases, and it has in past years been the custom of the Association to expend a certain proportion of its funds in supplementing such grants of extra nourishment over a somewhat wider circle amongst the poorer patients. Difficulties of finance have this year compelled the Association to entirely curtail extra grants of that character, but much valuable work has yet been done as in former years by the sending of pretuberculous children to country homes, by provision of clothing and boots for patients, especially those undergoing sanatorium treatment, who were unable to afford such necessaries for themselves, and in various other directions. In regard to dental treatment the Association has received great assistance from the Reading Dispensary Trust, who have made substantial grants in various instances to enable patients to receive the attention required."

VENEREAL DISEASES.

From returns furnished by Sir Stewart Abram, Senior Physician to the Royal Berkshire Hospital, the following short table has been prepared to shew the number of persons attending the venereal diseases clinics and the conditions from which they suffered .—

	Syphilis.		Gonorrhoea.		Total. Persons
	Males.	Females.	Males.	Females.	
Total number of persons under treatment or observation on 1st January, 1927, for—	60	61	44	10	175
Number of persons treated for the first time during the year 1927, for—	35	25	62	17	139
	95	86	106	27	314

In addition to the definite cases of infection indicated in the above table 49 persons attended the clinic who were found after examination not to be suffering from venereal disease.

The clinic is open to all persons suffering from venereal disease. In practice it is found that a very large majority of the patients come from the borough and the adjoining county of Berkshire. Of the patients who have come under treatment for the first time it is found that almost exactly half of those suffering from each disease namely 30 suffering from syphilis and 40 suffering from gonorrhoea belong to the borough. The total number of attendances made by all patients at the clinic during the year was 3,978 and the aggregate number of " in-patients " days of treatment 998. Both of these figures shew a reduction on the corresponding figure for the preceding year.

I append a further detailed report by Dr. T. Skene Keith, Medical Officer in clinical charge of the work :—

" In the year under review, the number of patients attending the venereal disease clinic shows a falling off, whether this represents a permanent reduction in the number of cases of venereal disease, or whether it is no more than an accident, it is impossible to say. The figures are as follows :—

Year	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927
New Cases	303	—	—	291	240	150	155	186	205	188
Returned Cases	—	—	—	—	—	—	—	—	—	21
Total Cases	303	812	850	576	436	403	336	396	421	384

A new heading, returned cases, has been started this year, it shows the number of patients who, having left before they were discharged as cured, have returned after not less than six months for further treatment.

The next table shews that the reduction in the number of new cases is almost entirely in the cases of syphilis :—

Year.	1924	1925	1926	1927
Non-Venereal Cases	28	39	46	49
Gonorrhoea ...	69	53	80	79
Syphilis	58	94	79	60

The increase in the number of non-venereal cases is satisfactory, as it shows increasing confidence in the clinic, and education in the public.

The next table shews the types of syphilitic disease coming for treatment :

Year.	1924	1925	1926	1927
Recent infections ...	16	11	7	3
Old infections ...	38	53	49	49
Congenital cases ...	4	31	23	8

It is here seen that the incidence of acute syphilis continues to decrease, a state of affairs which may be ascribed to the efficiency of modern methods of treatment. For, whatever may be the ultimate fate of these patients, they are, at least, rapidly rendered non infectious. The number of old cases remains unchanged, which is rather what might be expected, for the original infection in the majority of these patients dates back to pre-clinic days, and often to pre-salvarsan days. The reduction in the number of congenital cases is probably a tragedy. There is little reason to expect an actual diminution in the number of these unfortunates, the probable explanation is that they are not being sent to the clinic as freely as before. This is unfortunate.

Public opinion is improving, it is now possible to explain to patients the exact nature of their disease, and the dangers it implies, with much greater ease than was the case but a few years ago. Nor is this all, it is becoming more and more easy to persuade patients to bring up for examination their families, and so the diagnosis of syphilis in one member of a family may be the means of drawing attention to the dangerous state of the others, of finding out which, if any, are suffering from the disease in a latent form, and which are free from infection, and by treating the latent cases, saving them from ever developing active symptons of the disease.

Treatment has now reached a very high state of efficiency, so much so that every stage of syphilis, from the earliest to the latest, is amenable to treatment. This, however, is of no value unless the patients present themselves for treatment, and, therefore, it is to increasing education that we must look for the next great forward step."

MATERNITY AND CHILD WELFARE.

Infant Mortality. Nothing can possibly be more striking in the various aspects of health progress than the progressive decline in the rate of infant mortality. In several recent years it has been my pleasant duty to state that the infant mortality rate for the year has been the lowest ever recorded. For the year 1926 infant mortality reached the record low figure of 50·5 infant deaths for every 1,000 births. In the year under review the number of infant deaths, namely 62, represents a rate hitherto unapproached of 42·5 infant deaths per 1,000 children born during the year.

The significance of these figures will be best appreciated when it is realised that in the decade ending 1903 and the decade ending 1913 the number of infant deaths for every 1,000 children born was 133 and 99 respectively.

A table printed on page 12 gives in more detail the returns of infant mortality over the period for which information is available.

The initiation of infant welfare work had its origin in the persistence with which attention was drawn to the needless loss of infant life.

More careful scrutiny is constantly being given to the time at which these deaths occur and the causes to which they are assigned.

Deaths in the first month of life are called the " neo-natal " mortality. It seems clear that the great majority of such deaths result from causes which have their origin prior to birth. If one examines the causes of death it is found that prematurity and similar pre-natal causes account for a correspondingly large proportion of the total deaths. From the detailed table on pages 38 and 39 it will be seen that 60 per cent. of all these deaths occurred in the first month of life, the majority indeed in the first week, and over 40 per cent. were attributed to causes definitely ante-natal in origin. It is probable that more correct certification would increase the latter total.

In addition to references to deaths which arise from ante-natal causes, I have, in previous years, drawn attention to the two principal groups of disease which account for the majority of the remainder of infant deaths, namely diseases of the respiratory system and diseases of the stomach and intestines. During the year nearly one-fifth of the deaths have been caused by bronchitis and pneumonia and less than one-twentieth to diarrhoea and associated conditions.

The virtual disappearance of gastro-intestinal diseases in infancy accounts for a very large proportion of the reduction in infant mortality.

The relative importance of the grouping can be better appreciated from the following short table which shows the causes of death, not as a proportion of the total deaths, but in relation to the total number of births.

Period.	Neo-natal Mortality.	Mortality from bronchitis and pneumonia.	Mortality from gastro-intestinal diseases.
1905-8	34.7	17.2	17.6
1909-12	37.3	10.1	11.9
1920-23	31.7	10.0	4.7
1924	26.2	14.9	2.4
1925	26.5	10.0	5.3
1926	24.3	9.7	4.3
1927	25.4	7.5	2.0

Rates per 1,000 births.

The first group has declined little, the second is declining more rapidly, and as will be seen the third group is now unimportant.

The weather at one time played an important part in infant mortality returns. The past inclement year would be favourable to a reduction of infant mortality from the lessened incidence of gastro-intestinal infections. We have now sufficient experience to believe that the good results will be maintained in any state of the weather.

Unfavourable weather might at the same time be expected to cause an increase in the number of deaths from bronchitis and pneumonia. This has not occurred during the past year. Future reductions of infant mortality will arise from greater attention to the health of the expectant mother.

One factor contributing to reductions of infant mortality is the continued fall in the birth rate. Although this is an important cause it can account only in a comparatively small degree for the very remarkable results that have been achieved.

Still-births. By the Births and Deaths Registration Act, 1926, all still-births must now be registered, and new regulations are imposed with regard to the burial of still-born children. The Act came into force on the 1st July, 1927. It is probable that information gained by the operation of this Act will enable authorities to extend the scope of infant welfare work. Consideration of infant deaths and still-births has regard not only to the loss of these infant lives but to the fact that this loss not infrequently has an untoward effect on the health of the mother.

Inquiry into the causes of still-births during the year reveals the fact that difficulties incidental to labour and illness of the mother during pregnancy account for the majority of them.

Supervision of Midwives. There were 37 midwives who gave notice of their intention to practise in Reading during the year of whom five have since left the district, leaving 32 practising midwives on the register at the end of the year. Of the total number nine were employed in institutions in the town. During the year the inspector of midwives paid 67 visits of inspection and reports that the work is generally carried out in a satisfactory manner, that the equipment is well kept and complete and that the midwives' registers are up to date and accurately kept. It is also reported that the ante-natal supervision now required by the Central Midwives Board is efficiently performed by the younger and more highly trained midwives. The older women are less enthusiastic and three of them are not capable by reason of lack of education and training of making the necessary examinations or keeping the records. These midwives however encourage their patients to attend the ante-natal clinic.

TABI

INFANT MORTALITY, 1927. (CAUSES OF DEATH under one year).

Causes of Death.		Under 1 week.	1—2 weeks.	2—3 weeks.	3—4 weeks.	Total under 1 month.	1 month and under 3 mos.	3 months and under 6 mos.
All causes	Certified ...	22	7	7	1	37	8	4
	Uncertified ...	—	—	—	—	—	—	—
Small Pox		—	—	—	—	—	—	—
Chicken Pox		—	—	—	—	—	—	—
Measles		—	—	—	—	—	—	1
Scarlet Fever...		—	—	—	—	—	—	—
Whooping Cough		—	—	—	—	—	—	—
Diphtheria and Croup ...		—	—	—	—	—	—	—
Erysipelas		—	—	—	—	—	—	—
Tuberculous Meningitis ...		—	—	—	—	—	—	—
Abdominal Tuberculosis ...		—	—	—	—	—	—	—
Other Tuberculous Diseases		—	—	—	—	—	—	—
Meningitis (not Tuberculous)		—	—	—	—	—	—	—
Convulsions		1	1	—	—	2	—	—
Laryngitis		—	—	—	—	—	—	—
Bronchitis		—	—	1	—	1	1	—
Pneumonia		1	—	—	—	1	—	2
Diarrhoea		—	—	—	—	—	—	—
Enteritis		—	—	1	—	1	1	—
Gastritis		—	—	—	—	—	—	—
Syphilis		—	1	—	1	2	—	—
Rickets		—	—	—	—	—	—	—
Suffocation (overlaying) ...		—	—	1	—	1	1	—
Injury at birth		—	—	—	—	—	—	—
Atelectasis		—	—	—	—	—	—	—
Congenital malformation ...		—	1	—	—	1	1	—
Premature birth		17	3	1	—	21	2	—
Atrophy, Debility, Marasmus		—	1	1	—	2	2	1
Other Causes		3	—	2	—	5	—	—
Totals		22	7	7	1	37	8	4

5 of the deaths were of illegitimate children.

1 year.	Allocated to Municipal Wards.												Deaths in Institutions.	
	Abbey.	Battle.	Castle.	Caversham.	Church.	East.	Katesgrove.	Minster.	Redlands.	Tilehurst.	Victoria.	West.	*Residents of Borough.	Non-Residents of Borough.
62	8	6	3	3	7	5	8	5	5	7	2	3	10	1
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1	—	—	—	—	—	—	—	—	1	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1	—	—	—	—	—	—	1	—	—	—	—	—	1	—
1	—	—	—	—	—	—	—	—	—	1	—	—	—	—
2	1	—	—	—	—	1	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3	1	1	—	—	—	—	1	—	—	—	—	—	—	—
8	1	—	—	—	—	1	2	3	—	1	—	—	3	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2	—	—	—	—	—	—	1	—	—	1	—	—	—	—
1	—	—	—	—	—	—	—	—	—	1	—	—	—	—
2	—	—	—	—	—	1	—	—	1	—	—	—	1	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2	—	—	—	—	1	—	1	—	—	—	—	—	1	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3	—	—	1	—	—	—	—	1	—	1	—	—	1	—
23	5	2	—	—	5	2	1	—	3	2	1	2	1	1
5	—	2	—	—	1	—	—	1	—	—	1	—	1	—
8	—	1	2	3	—	—	1	—	—	—	—	1	1	—
62	8	6	3	3	7	5	8	5	5	7	2	3	10	1

Includes 6 deaths in Royal Berks Hospital. The remaining 4 occurred in Workhouse Infirmary.

Records of Sending for Medical Help. The rules of the Central Midwives Board require midwives to call in medical aid in certain prescribed emergencies the local authority becoming liable for the fees so incurred in accordance with a definite scale. During the year medical assistance was sought on 245 occasions, of which 196 were for the mothers and 49 for the children. This means that medical aid was required in 24·0 per cent. of all cases occurring.

The local authority became liable for the payment of £220 of which £25 was recovered from the patients. As midwives become more highly skilled it is probable that calls for medical aid will become still more frequent the midwives being better able to detect abnormalities.

Registration of Maternity Homes. By the Midwives and Maternity Homes Act, 1926, which came into force on 1st January, 1927, any person keeping a maternity home must be registered with the local authority in respect of that home. For the purpose of the Act, the local authority has adopted the model bye-laws issued by the Ministry of Health, and as a guiding principle have required that the responsible person in charge of the home should be a fully trained nurse or a certified midwife.

Since the passing of the Act, 17 applications have been received for registration, of which three were withdrawn or not persisted in. Four applications were refused. There are now ten homes on the register. There were no appeals to the Justices' against the Committee's decisions. One institution has been exempted from the operation of the Act.

Notification of Births Act, 1907. In accordance with the terms of this Act, 1,387 of the total of 1,456 registered births belonging to the borough, were notified to the Medical Officer of Health. Midwives were responsible for 70 per cent. of the notifications received, the remainder coming from doctors and parents.

Infant Welfare Centres and Health Visiting. The important part which the work of the lady health visitors and the infant welfare centres play in the social life of the community is now clearly established.

Year by year the attendances at the centres continue to increase. Although the total number of mothers who have attended during the year is slightly smaller than in the previous year, the proportion of those attending to the total number of births is increasing and the number of re-attendances is distinctly higher.

What might be termed the atmosphere of infant care and management is probably the most potent single factor in producing the very remarkable results that have been achieved in this branch of the work. The principal difficulty now arising at some of the centres, is to cope with the very large numbers attending. In the difficulties that constantly arise in the care of young children, mothers now turn in the ordinary course to the health visitors or to the welfare centres for advice.

It had been suggested that the sale of infant foods was the stimulus to attend, but from the fact that the very large majority of the infants brought to the centres are breast-fed, it is clear that interest in the well-being of these children is the principal motive force.

At all the centres mothers are encouraged to continue to bring their children after they have passed the stage of infancy. The examination of children at the time of their admission to school indicates that these toddlers require medical supervision in an endeavour to prevent the development of ailments like enlarged tonsils and adenoids which are found by the school medical inspectors.

The following table shews the numbers attending, and the number of re-attendances at the centres, which have now been established in every quarter of the town.

TABLE XII.

INFANT CONSULTATION CENTRES.

Centre.	Numbers Attending.	Re-attendances.	Average Attendances.
Star Lane, Wednesday	306	5365	105
,, Friday	145	2848	56
Elm Park Hall, Oxford Road ...	221	6303	123
Park Institute, Wokingham Road...	175	5631	110
Caversham, Weston Mead	75	2347	45
Tilehurst (Village Hall)	54	1642	34
Shinfield, St. Barnabas Church Hall	67	1785	34
Totals ...	1043	25921	507

We are very much indebted to the various ladies who voluntarily give their time to assist the work at the infant welfare centres.

The lady health visitors have also continued the supervision of children in their own homes. The duty is one that requires the exercise of more than a little tact and the fact that they are generally welcomed, and that no complaint is ever received in regard to their visits is a tribute to the quality of their work.

If the mothers are in such a position as to command expert medical advice no visit is paid, but the large majority of confinements are attended by midwives whose duties cease after the tenth day, so that the visitors do in fact assume supervision of most of the infants born in the borough.

With the routine visits paid in respect of infant welfare is combined the supervision of the distribution of milk under the Milk (Mothers' and Children) Order, 1919, particulars of which are given in a succeeding paragraph.

The following summary shews the details of visits paid during the year :—

HEALTH VISITING SUMMARY.

First visits after receipt of notification	1375
Re-visits to children under one year	6232
Visits to children aged one to five years	12411
Special visits	763
Visits to expectant mothers	1136
Special visits to cases of measles	305
Special visits to cases of ophthalmia	7
Special visits in regard to still-births	18
Special visits in regard to infant deaths	68
	22315

Ophthalmia Neonatorum. This disease which means inflammation of the eyes of the newly born was frequently a cause of permanent blindness. With the greater care now exercised, and the greater skill which the modern midwife brings to her work the evil results can be prevented in the large majority of cases.

The decline in venereal disease which was the cause of the more serious cases naturally also contributes to the decline in the incidence of ophthalmia.

Ten notifications were received during the year of which five were very mild cases. The remaining five were of varying degree of severity. One child which suffered from congenital syphilis died within a week. The remaining four all made good recoveries without any impairment of vision. One was treated at the Royal Berkshire Hospital, one in a nursing home, and the remaining two at home. Health Visitors on occasion undertake the nursing of cases of ophthalmia when other nursing facilities are not readily available.

Cases.			Vision un-impaired.	Vision impaired.	Total Blindness	Deaths.
Notified.	Treated.					
	At Home.	In Hospital.				
10	9	1	9	—	—	1

Puerperal Fever and Puerperal Pyrexia. During 1926 the Ministry of Health issued regulations requiring the notification of all serious rises of temperature occurring after childbirth.

During the year seven notifications of puerperal fever and eleven of puerperal pyrexia were received.

Two of these notifications referred to persons admitted to the Royal Berkshire Hospital from districts outside the borough.

Only one death which occurred in a private nursing home was attributed to puerperal fever. The remaining patients several of whom were only slightly ill all recovered.

Milk (Mothers' and Children) Order, 1919. The scheme for the grant of milk and other foods to necessitous nursing mothers and children under three has been continued as in previous years. The grants are made free or at part cost in accordance with an income scale drawn up by the Maternity and Child Welfare Committee and the incomes of all applicants are verified officially. The nett cost to the Council for the financial year is approximately £900.

ANTE-NATAL CLINIC.

The work of the ante-natal clinic has been maintained by Dr. Agnes Bernfeld during the year. In previous reports the value of ante-natal care has been emphasised and the Central Midwives Board has now placed ante-natal examinations amongst the duties imposed upon practising midwives. Attention is frequently called to the grosser malformations and complications which may accompany pregnancy and child birth, but many of the difficulties arise from the minor deviations from normal health, which prevent rapid and perfect recovery, and render the mother less capable of giving the attention required by all new-born infants. Rude health before and after child birth is as necessary in this as in any other arduous undertaking. The number of new patients attending and the number of attendances each year since the inception of the clinic are as follows :—

	1921	1922	1923	1924	1925	1926	1927
New patients ...	247	258	283	266	245	281	250
Attendances ...	705	830	844	908	917	980	999

It should be noted in reference to the smaller numbers of new patients attending the clinic during 1927 that the birth rate for the year is the lowest that has ever been recorded in the borough. The fall in the number very closely accords proportionally with the fall in the total number of births registered during the year.

Dr. Bernfeld's report records the diagnosis and remedy of many conditions calculated to injure the prospect of many of the patients attending the clinic. A considerable number were referred to their private doctors, or to hospital for further care, and it is pleasing to note that as many as 34 were able to take advantage of the Education Committee's dental clinic. Advanced dental caries and the resultant septic poisoning is one of the conditions to which increasing attention is being given.

Dr. Bernfeld has also extended the scope of the work by the use of the baumanometer by which a record is made of the blood pressure of all patients attending the clinic. Increase of blood pressure is a normal feature of pregnancy, but when the normal increase is exceeded there may be indication of some danger. One patient in this condition was referred to the Royal Berkshire Hospital.

It is pleasing to record that a large proportion of the patients attend the clinic and are under care from the earliest day of pregnancy and that the midwives of the borough are taking increasing advantages of the facilities for a complete medical examination and report of their patients.

DELLWOOD MATERNITY HOME.

The year 1927 has been notable in the progress of Dellwood by the addition of considerable extensions to the buildings. A new nurses' home has been erected in the garden to replace the inadequate accommodation previously available for the nursing staff. At the same time there have been additions to the old buildings, and a re-arrangement of the wards. By the re-arrangement a much larger and more convenient labour ward has been brought into use, the original labour ward being now available as a nursery for the care of the babies, for which previously no provision had been made. At the same time two additional isolation wards each with a single bed have been built. The necessity for efficient isolation wards in small maternity homes has been frequently emphasised.

The old nurses' dormitory has now been transformed into a lying-in ward with three beds, whilst the original isolation bed can now be used for any patient requiring ante-natal care and treatment.

As a result of the change there are now fourteen beds for patients including the ante-natal bed, but excluding two isolation beds, instead of twelve ordinary beds and one isolation previously existing.

Together with a new service kitchen and the installation of electric light all these improvements have already added to the efficiency of the home and the staff bear emphatic testimony to the increased ease of working.

The end of the year also witnessed the departure of Miss G. L. Burnett, matron of the home since its opening in 1920. The Maternity and Child Welfare Committee have already placed on record their appreciation of Miss Burnett's services and I have no hesitation in saying that much of the success that has attended the work of the home was due to her efforts.

The number of patients admitted during the year was 198 a smaller number than the average of preceeding years. As the process of rebuilding was carried on during the greater part of the year it is satisfactory to note that it was possible to deal efficiently with this large number of patients.

The following record shews the number of patients admitted in each year since the opening of the home :—

1921	1922	1923	1924	1925	1926	1927
179	253	285	239	196	261	198

As in previous years the conduct of the cases is carried out by the matron and the assistant midwives. When necessary the doctors of the patients' own choice is called in for any complication and the arrangement by which all doctors in the town attend such of their patients as retain their services is continued.

Of the patients admitted during the year four were found not to be in labour and were discharged. One of these patients had a threatened miscarriage and was also found to be suffering from typhoid fever. She was transferred to the Royal Berkshire Hospital where she made a good recovery.

The number of patients admitted as private patients of various doctors during the year was 25, and the number called in for various complications arising before or after child-birth was 47. In no case was there a fatal result to the mother, and in only one was the child still-born, the death of the child having occurred some time before labour.

Four of the patients suffered from puerperal pyrexia, two of these who were also suffering from serious conditions unconnected with the labour were transferred to the Royal Berkshire Hospital where they ultimately got well. The remaining two were treated to a successful conclusion in the home. There were no other serious complications either to mother or child during the year.

The following summary shews the home conditions of the patients admitted and their average financial status :—

31 occupied one room only.
81 occupied two rooms.
10 occupied more than two rooms.
26 (including 4 single girls) lived with parents.
3 Quarters in Barracks.
*47 occupied separate houses.

* Eleven of these were admitted as private patients of doctors.

As indicating the average financial status of patients it was found that the husbands in sixteen cases were unemployed and twelve were engaged on part-time work.

The average income of those employed was £2 7s. per week and the average fee paid £3 4s. or £1 12s. per week. On account of particularly poor circumstances ten patients were admitted free, the total sum paid by the remainder during the year being approximately £630.

BLIND PERSONS ACT, 1920.

The care of the blind of the borough is carried out by a voluntary association in conjunction with the Health Committee of the Council. There are now 168 persons on the register of the blind being 1 in every 553 of the population compared with 1 in 835 for the whole country.

A large proportion of the blind population are persons of advanced years.

A home-workers' scheme embracing ten persons is in operation, but the workers are having considerable difficulty in finding full employment.

For those blind persons who are capable of receiving instruction, the home teacher gives lessons in Braille reading and in pastime occupations.

For many others who are incapable of these pursuits the association has been able to provide wireless sets which have been very highly appreciated.

For the financial assistance of those who are in need a scale has been drawn with the object of raising the means of all blind persons to a minimum of fifteen shillings a week. Pensions have also been obtained from trust funds for five of the blind persons in Reading during the year.

SANITARY CIRCUMSTANCES OF THE AREA.

Rainfall and Water Supply. I am indebted to Mr. Leslie C. Walker, the Waterworks Engineer, for reports on the water supply during the year. These reports indicate that the high level of purity has been maintained, the bacillus coli being constantly absent in 100 cubic centimetres of the filtered and chlorinated water.

Rainfall. I am also indebted to Mr. A. S. Parsons, Borough Surveyor, for the record of the rainfall during the year as measured in the Forbury Gardens. It is unnecessary to emphasize that the year was particularly wet, the total fall for the twelve months amounting to 33·5 inches. The extent of the excess will be best appreciated when it is stated that for a period of over fifty years the average annual rainfall has been slightly over 25 inches. The past year with a surplus of 8 inches of rain over the average has been wetter than any of which I have record. Not only has the total rainfall been excessive but the months have been uniformly wet. The heaviest rainfalls occurred during the months of September and July which had 4·7 and 4·5 inches respectively. For monthly rainfalls these totals have frequently been exceeded even in recent years. The driest month was May with 1·09 inches. The average rainfall of the remaining months has been higher which accounts for the unpleasantly large total fall during the year.

Drainage and Refuse Disposal. There are 28,982 water closets, 210 pail closets, and 21 middens in the borough.

There were 65 dry closets converted to the water carriage system during the year.

The method of sewage disposal by the activated sludge method is still on its trial and alterations to the plant have been carried out with a view to dealing with a larger quantity of sewage while maintaining the standard of purity of the effluent. Further additional alterations are in contemplation.

Such sewage as the activated sludge plant is unable to cope with continues to be disposed of by broad irrigation on Manor Farm.

The refuse of the borough is dealt with by tipping at Manor Farm. This method has not been altogether satisfactory and alternatives have at various times been considered. Covering the fresh refuse with soil has effected some improvement.

Refuse collection is efficiently carried out twice weekly, covered vehicles being gradually introduced for this purpose.

Sanitary Inspection of the Area. The following report on the sanitary inspection of the area has been prepared from information supplied by Mr. James Dodd, Chief Sanitary Inspector :—

TABLE XIII.

Total number of visits to premises under Public Health and Housing Acts	11,743
Number of complaints received and investigated	407
Number of informal notices served (on owners)	111
Number of informal notices served (on occupiers)	22
Number of written notices (statutory) on owners	24
Number of prosecutions	—
Number and nature of nuisances :—	
Dirty, damp or dilapidated houses	34
Overcrowded dwelling houses (complaints)	21
Dirty tenants	14
Defective roofs, gutters or down spouts	47
Insanitary or defective scullery sinks and wastepipes... ...	8
Defective drains and water-closets	90
Defective cesspools	1
Yards and areas, dirty or defective	5
Accumulation of refuse	4
Animals so kept as to be a nuisance	3
Miscellaneous	37

All the notices served regarding the above-mentioned nuisances were complied with during the year.

Thirty house drains were tested during the year.

Smoke Abatement. Nuisance from smoke is not a serious menace to health in the area. Three complaints of smoke nuisance were received during the year. Four smoke observations were taken and verbal notice given to the offenders.

In the few factories where some degree of smoke nuisance had arisen, improvement has been effected in one by the substitution of a new type of boiler and in another by the gradual introduction of gas fires.

Premises and Occupations which can be controlled by Bye-Laws or Regulations :—

(*a*) *Common Lodging Houses.* There are four common lodging houses in the borough with accommodation for 172 persons—151 men, 5 married couples, and 11 women. On the whole the standard of accommodation provided in these houses leaves a good deal to be desired. Only one conforms in any degree to modern standards of lodging house accommodation. All lodging houses are kept under regular supervision.

(*b*) *Offensive Trades.* There are four premises where offensive or associated trades are carried on. These include blood drying, fat melting, bone boiling, tripe boiling and gut cleaning. The premises were kept under observation and suggested improvements were readily complied with.

(*c*) *Canal Boats.* There are 15 canal boats on the register. Twenty-eight visits were paid to 18 boats. One infringement of regulations was observed and remedied.

(*d*) *Caravans.* In previous reports attention was drawn to the constant presence of some 40 or 50 caravans on vacant ground belonging to the Corporation. During the year the occupants of these caravans were required by the authority to quit the area. Their departure has removed a long-standing source of annoyance. The only caravans now in the borough are those attending the fairs which are held twice annually. Their stay is short and they are always subject to supervision.

TABLE XIV.

FACTORIES, WORKSHOPS, WORKPLACES AND HOMEWORK.

(*a*) INSPECTION.

Premises. (1)	Number of		
	Inspections. (2)	Written Notices. (3)	Prosecutions. (4)
Factories (including factory laundries)	46	—	—
Workshops (including workshop laundries)	451	—	—
Workplaces (other than outworkers' premises included in Part 3 of this report)	52	—	—
Total ...	549	—	—

(*b*) DEFECTS FOUND.

Particulars. (1)	Number of Defects. Found. (2)	 Remedied (3)	 Referred to H.M. Inspector. (4)	Number of Prosecutions. (5)
Nuisances under the Public Health Acts:—				
Want of cleanliness	7	7	—	—
Want of ventilation	—	—	—	—
Overcrowding	—	—	—	—
Want of drainage of floors	—	—	—	—
Other nuisances	3	3	—	—
Sanitary accommodation:—				
Insufficient	—	—	—	—
Unsuitable or defective	—	—	—	—
Not separate for sexes	—	—	—	—
Offences under the Factory and Workshops Acts:—				
Illegal occupation of underground bakehouse (s. 101)	—	—	—	—
Breach of special sanitary requirements for bakehouses	23	23	—	—
Other offences (excluding offences relating to outwork which are included in Part c of this report)	—	—	—	—
Totals ...	33	33	—	—

(*c*) HOMEWORK.

Nature:—Wearing apparel (Tailoring, Knitting, Hosiery, etc.)

Lists received twice a year from employers		23
Number of outworkers	Contractors	29
	Workmen	49
Lists received once a year		2
Number of outworkers	Contractors	—
	Workmen	4
Outwork in unwholesome premises		—
Notices served		—
Outwork in infected premises		—

(*d*) REGISTERED WORKSHOPS.

Workshops on the Register at the end of the year. (1)	Number (2)
Retail Bakehouses	51
Tailoring	58
Dressmaking and Millinery	24
Upholstery	8
Laundries...	6
Photography	3
Miscellaneous	132
Total number of workshops on Register	282

Rats and Mice Destruction Act, 1919. The inspectors are always ready to assist in overcoming nuisance arising from rats and mice. During "Rat Week" occupiers of premises likely to harbour rats were circularized with a view to concerted action.

As a result 383 dead rats were found at the subsequent inspections, a number which in no way represents the total vermin mortality.

Shops Act 1912 and Shops (Early Closing) Order, 1920. The administration of this Act and Order was carried out by the department and generally speaking there was little cause for comment. No police court proceedings were instituted.

Theatres and Cinemas. Visits were paid to places of public entertainment. Although it is impossible to maintain perfect air conditions in crowded halls, a reasonable standard of ventilation and cleanliness is maintained.

Kitchens and Ice-Cream Shops. As in previous years the kitchens of restaurants and other places where food is prepared were regularly inspected. In general the conditions were found to be satisfactory.

FOOD.

Sale of Food and Drugs Acts. The number and description of samples submitted to the Public Analyst are set out in the following table :—

TABLE XV.

Articles.	No. of Samples taken.	Number found to be genuine.	Not up to standard.
Milk	258	252	6
Butter	3	3	—
Margarine	3	3	—
Sausages	6	6	—
Totals	270	264	6

A limited number of samples examined by the Public Analyst although failing quite to reach the standard prescribed in the regulations were nevertheless reported to be, in his opinion, genuine in character.

On two separate occasions persons selling milk below the standard required were interviewed by the Health Committee. After hearing the explanations offered, the Committee decided not to institute legal proceedings.

It is worthy of record that no police court proceedings were conducted during the year, an incident that has not occurred for many years before. In one case, however, legal proceedings were commenced at the end of the year, but the hearing at the police court was not until the early part of the present year, when the defendant was fined 10/- and £2 11s. 6d. costs.

It is frequently pleaded that wet weather has the effect of reducing the quality of milk produced. It is therefore specially interesting to note that during the past year, the wettest on record, such a small percentage of samples were found to be deficient.

The Public Health (Milk and Cream) Regulations, 1912, Amendment Order, 1917. All the samples of milk and cream taken for the purpose of analysis by the public analyst are examined for the presence of preservatives.

The following table shews the result of these examinations for the year ended 31st December, 1927 :—

TABLE XVI.

1. Milk ; and cream not sold as preserved cream.

	(a) Number of samples examined for the presence of a preservative.	(b) Number in which preservative was reported to be present, and percentage of preservative found in each sample.
Milk ...	268	Nil.
Cream ...	Nil	Nil.

2. Cream sold as preserved cream.

(a) Instances in which samples have been submitted for analysis to ascertain if the statements on the label as to preservatives were correct.

(1) Correct statements made	... ...	–
(2) Statements incorrect	... ...	..
Total	...	Nil
(3) Percentage of preservative found in each sample ...	... ...	Nil

(b) Determination made of milk fat in cream sold as preserved cream.

(1) Above 35 per cent. of fat	... ...	–
(2) Below 35 per cent. of fat	... ...	–
Total	...	Nil

(c) Instances where (apart from analysis) the requirements as to labelling or declaration of preserved cream in Article V. (1) and the proviso in Article V. (2) of the Regulations have not been observed. ... Nil

(d) Particulars of each case in which the Regulations have not been complied with, and action taken ... ... Nil

INSPECTION AND SUPERVISION OF FOOD.

Milk Supply. The greater part of the milk supply of the borough is obtained from farms in the adjoining county areas. The supply of milk is always sufficient, excess supplies at certain seasons being largely used for the production of butter and cheese. The average standard of quality is also satisfactory as evidenced by the examinations of samples taken under the Sale of Food and Drugs Acts. During the past year no court proceedings were instituted under the Acts. Details of examination of samples will be found in a preceding paragraph.

Tuberculous Milk. Attention was drawn in two previous annual reports to the large percentage of milk samples found to contain living tubercle bacilli. During the year 55 samples were bacteriologically examined for the detection of the tubercle bacillus with a positive result in four cases. This result indicates that something over 7 per cent. of milk was infected compared with 17 per cent. and 14 per cent. in the two preceding years. It has been emphasised that in small numbers the liability to errors of chance in making deductions must be considered, but even the lowest figure of these three years, although an apparent improvement, still leaves something to be desired.

The procedure for tracing the infected animal is set out in the Milk and Dairies (Consolidation) Act, 1915. As all these infected samples were produced outside the borough the County Medical Officer arranged for veterinary inspection of the herds. In three of the above mentioned cases the infected animal was traced and destroyed. The fourth was not satisfactorily cleared up.

Designated Milk. Under regulations issued by the Ministry of Health certificates are issued to producers and retailers of milk for the sale of milk with guaranteed standards of purity. The regulations require that the milk shall attain a certain degree of cleanliness as measured by the number of bacteria found in it and certain qualities require that all the animals in the herd shall be free from tuberculosis. Owing in large measure to the activities of the National Institute for Research in Dairying a large proportion of " Grade A (tuberculin tested) " milk is produced in this area.

During the year one licence for the production and sale of " certified " milk and 22 for the sale of " Grade A (tuberculin tested) " milk were issued to dealers in the borough.

Samples of this special quality milk are taken from time to time to ensure that the standards prescribed by the regulations are maintained.

No licences have been issued for the sale of pasteurized milk although a large proportion of the milk sold in the borough is in fact subjected to a process of pasteurization.

Meat. The subjoined table shews the amount of meat and other foodstuffs destroyed as unfit for food during the year. The number of carcases of beef is larger than in former years and it appears to be a growing practice for farmers to clear their stocks when tuberculosis is suspected without resorting to the Tuberculosis Order, 1925.

TABLE XVII.

Unsound Food Seized or Surrendered.	For Tuberculosis.	For other causes.
234 carcases of beef	79	155
15 parts of carcases of beef	9	6
19 carcases of veal	1	18
73 carcases of pork	43	30
43 carcases of mutton	—	43
685 heads or internal organs of beasts, pigs or sheep	450	235
166 lbs of pork	—	166 lbs.
1859 lbs of beef (imported)	—	1859 lbs.
1880 tins of assorted foodstuffs (imported)	—	17 tins
17 lobsters	—	17 lobsters
1639 lbs. of fish	—	1639 lbs.
281 lbs. of bacon (imported)	—	281 lbs.
102 eggs (imported)	—	102 eggs
15 pigeons	—	15 pigeons
6 rabbits	—	6 rabbits
5 salmon	—	5 salmon

The Public Health Meat Regulations, 1924, have on the whole had good effect and beyond one or two verbal warnings no legal action has been found necessary.

Diseased meat and slaughterhouse offal is still dealt with by a private trader in the town. The plant is modern in design and little or no complaints from its use are recorded. Proper supervision is exercised by the local authority as to the material handled, and generally speaking the arrangement works satisfactorily with no expense to the authority.

Slaughterhouses The number of slaughterhouses in the borough is 26, of which 14 are owned by the corporation, 10 registered and 2 licensed being privately owned. Many of the slaughterhouses including those owned by the Council are antiquated and inconvenient.

Public Health (Preservatives, etc. in Food) Regulations, 1925. During the past two years the Ministry of Health have issued various regulations governing the use of preservatives in foodstuffs. The general effect of these regulations is to prohibit entirely the use of certain preservatives, and to specify the quantities of certain other preservatives which may be used in certain named foodstuffs. The principal preservatives now permitted are sulphur dioxide and benzoic acid, and amongst those now prohibited is boric acid. Noxious colouring matter both vegetable and mineral are also prohibited. Certain other of the regulations set out a form of label which must be used to indicate when a preservative is used and its amount.

There has not yet been sufficient time to assess the effect of the regulations on health or on the keeping qualities of foodstuffs.

HOUSING.

The number of new houses erected during the year was 552. Of this number, 332 were part of the municipal housing scheme, 148 were erected with the aid of a subsidy, and 72 by unaided private enterprise.

The following table shews approximately the number of new houses of each class erected in the borough since the war.

	Municipal Scheme.	Subsidy.	Private.	Total.
1920 ...	50	21	7	78
1921 ...	103	...	17	120
1922 ...	61	...	40	101
1923 ...	20	...	111	131
1924 ...	70	83	99	252
1925 ...	85	205	104	394
1926 ...	173	231	118	522
1927 ...	332	148	72	552

It will be seen that the total number of houses built has steadily increased during the period. How far the total number of houses built can be said to meet the shortage of houses for the poorer sections of the population cannot be precisely defined.

The considerable fall in the number of houses erected by the aid of a subsidy during the past year may be evidence that the needs of the section of the population which inhabits houses of the subsidy type have been mostly met. It would also appear that the shortage of the better class of house has practically disappeared. The movements of population involved in the building of subsidy houses may have some effect in rendering other smaller and cheaper houses available for occupation by poorer people.

The building of what are termed working-class houses however has not yet approached the average annual rate of construction which was reached in earlier years.

The records of building show that beginning in 1890 the number of houses erected increased annually to a maximum which was reached in 1901 when the total number of houses built was 850. Thereafter the number declined fairly uniformly up to the outbreak of war.

The following table which was prepared by the late Dr. Ashby indicates the numbers and the classification of houses built between 1899 and 1913. The definition of what constitutes a working-class house is bound to be somewhat elastic but the table will give a fairly accurate impression of the types of houses built. It should also be remembered that the population of the borough in earlier years, before the inclusion of Caversham and Tilehurst in 1911, was approximately 75,000 against the present-day population of nearly 95,000.

Houses erected in the County Borough of Reading from 1*st January,* 1899, *to December* 31*st,* 1913 :—

Year.	Working Class.	Others.	Total.
1899	146	173	319
1900	412	113	525
1901	673	177	850
1902	409	153	562
1903	350	130	480
1904	253	118	371
1905	117	144	261
1906	129	146	275
1907	134	72	206
1908	91	60	151
1909	58	88	146
1910	84	25	109
1911	51	19	70
1912	41	47	88
1913	60	44	104

The earlier years include the period of greatest activity of the speculative builder. This probably represents a period of overbuilding, as at the census of 1911 there were 1,500 empty houses.

From a census of empty houses taken in 1914 it was found that the number of empty houses had already fallen to between 300 and 400 showing that the surplus number was becoming rapidly absorbed.

There then followed a period of over five years when there was an almost complete cessation of the building of houses of all kinds, much more than sufficient to absorb any remaining excess.

With the numerous alternative openings for investment without the risk and the troubles of management attaching to the ownership of property it appears unlikely that unaided private enterprise will overcome the shortage of working-class houses in any near future.

A summary of the foregoing tables will perhaps more clearly illustrate the progress of housebuilding of various types and indicate the present situation.

Average Annual Number of Houses Built.

Period.		Working-class.	Others.	Total.
1899-1903	...	398	149	547
1904-1908	...	144	108	252
1909-1913	...	59	44	103
1923-1927	...	136	234	370

In the last period only houses built as a part of the municipal housing scheme have been included in the number of working-class houses. It is probable that only the very favoured amongst the working-classes would be able to obtain a subsidy house.

It will be seen that we have not yet attained the level of years of moderate building activity and that for the time being the proportions of the two classes of houses have been reversed.

Insanitary property and overcrowding. The Housing Committee has had a recent opportunity of inspecting some of the most insanitary property in the borough.

At an earlier survey undertaken for the requirements of the Ministry of Health in 1920, 300 houses were reported as being unfit and not capable of being made fit for habitation. In the interval 62 of these houses have been demolished, some as the result of closing orders, a larger number at the instance of their owners and a few have collapsed. Three have been improved sufficiently to be now rendered habitable but it is unlikely that any considerable number of the remainder can be similarly dealt with. Even in view of the housing shortage it is pleasing to note the disappearance of this considerable number of slum houses amongst which were included some of the very worst in the borough.

Instances of overcrowding have been given in previous reports and numerous cases are still frequently reported. In the absence of alternative accommodation it is rarely possible to take any steps to remedy overcrowding or to deal with insanitary property to any considerable extent.

TABLE XVIII.

I. **Unfit Dwelling Houses.**

Inspection.

(1)	Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	1100
(2)	Number of dwelling-houses which were inspected and recorded under the Housing (Consolidated) Regulations, 1925	915
(3)	Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	—
(4)	Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation	624

II. Remedy of defects without service of formal notices.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers.	†603

†*Including 27 from 1926.*

III. Action under Statutory Powers during the year :—

A. Proceedings under Section 3 of the Housing Act, 1925.

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	22
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—	
(a) by owners	*17
(b) by Local Authority in default of owners	—

* *5 outstanding.*

(3) Number of dwelling-houses in respect of which closing orders became operative in pursuance of declaration by owners of intention to close	—

B. Proceedings under Public Health Acts. Sec 91.

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	2
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—	
(a) by owners	2
(b) by Local Authority in default of owners	—

C. Proceedings under Sections 11 and 14 of the Housing Act, 1925.

(1) Number of representations made with a view to the making of closing orders	—
(2) Number of dwelling-houses in respect of which closing orders were made	—
(3) Number of dwelling-houses in respect of which closing orders were determined, the dwelling-houses having been rendered fit ...	—
(4) Number of dwelling-houses in respect of which demolition orders were made	—
(5) Number of dwelling-houses demolished in pursuance of demolition orders	—

Local Acts, Adoptive Acts, Bye-laws, etc.

A complete list of all local Acts, bye-laws and sections of general adoptive Acts in force were set out in the survey report for the year 1925.

GAS REGULATION ACT, 1920.

The Medical Officer of Health is also the officially appointed Gas Examiner under the Gas Regulation Act, 1920. In accordance with the prescription of the Gas Referees a weekly examination of the gas supplied by the Reading Gas Company has been made throughout the year.

Under the Act the Company undertakes to supply gas of an average calorific value of 460 British thermal units gross per cubic foot, at not less than 2 inches pressure, and free from any trace of sulphuretted hydrogen.

The following table shews the average maintained throughout the year as recorded in the quarterly reports :—

	Number of testings made.	Average number of British Thermal Units per cubic ft.	Pressure in inches (Average).	Sulphuretted Hydrogen.
1st Quarter	13	466.1	6.0	No trace.
2nd Quarter	13	463.2	6.3	do.
3rd Quarter	13	462.5	6 6	do.
4th Quarter	13	461.8	5.9	do.

COUNTY BOROUGH OF READING.

Annual Report

OF THE

School Medical Officer

FOR THE YEAR

1927.

READING EDUCATION COMMITTEE.

HIS WORSHIP THE MAYOR (John Rabson, J.P.).

Aldermen.

Sir GEORGE STEWART ABRAM, B.A., M.B., J.P.
FREDERICK ALFRED COX, J.P.
EDWARD OLIVER FARRER, J.P.
STANLEY HAYWARD, J.P.
EDWARD JACKSON, J.P. (Vice-Chairman).

Councillors.

ARTHUR FRANK CLARK.
FREDERICK WILLIAM DORMER.
WILLIAM ROLAND HOWELL.
ALICE JENKINS, J.P.
THOMAS NORRIS.
WILFRED GORDON PALMER.
LORENZO EDWARD QUELCH, J.P.
FREDERICK ARTHUR SARJEANT, C.B.E., J.P.
WILLIAM HENRY SHORT.
EDITH MARY SUTTON, J.P.
LEONARD GOODHEART SUTTON, C.B.E., J.P. (Chairman).
ARTHUR WILLIAM ALFRED WEBB.

Co-opted Members.

MISS L. ASHCROFT.
MR. WILLIAM MACBRIDE CHILDS, M.A., J.P.
MR. HERBERT SAMUEL COOKE, M.A.
REV. F. J. KERNAN, B.A.
MR. HUGH MACILWAIN LAST, M.A.
MISS HELEN ELIZABETH MUSSON, M.A., J.P.
MR. WILLIAM EDWARD SIMKINS, B.Sc.

SCHOOL MEDICAL SERVICES SUB-COMMITTEE.

HIS WORSHIP THE MAYOR (John Rabson, J.P.).

Aldermen.

Sir GEORGE STEWART ABRAM, B.A., M.B., J.P.
EDWARD OLIVER FARRER, J.P
STANLEY HAYWARD, J.P.
EDWARD JACKSON, J.P.

Councillors.

ARTHUR FRANK CLARK (Vice-Chairman).
ALICE JENKINS, J.P.
WILFRED GORDON PALMER.
LORENZO EDWARD QUELCH, J.P
EDITH MARY SUTTON, J.P.
LEONARD GOODHEART SUTTON, C.B.E., J.P.
ARTHUR WILLIAM ALFRED WEBB.

Co-opted Members.

MISS L. ASHCROFT
MR. HERBERT SAMUEL COOKE, M.A.
MISS HELEN ELIZABETH MUSSON, M.A., J.P.
MR. WILLIAM EDWARD SIMKINS, B.Sc.

COUNTY BOROUGH OF READING.

OLD COLLEGE BUILDINGS,
ST. LAURENCE'S CHURCHYARD,
READING.

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE.

Ladies and Gentlemen,

I beg to submit the annual report on the work of school medical inspection and treatment during 1927. As in previous years the form of the report and the various tables in which the results of the work are summarized are set out in accordance with the requirements of the Board of Education.

The scheme provides that each child shall be medically examined three times during school life.

The first examination takes place when the child is admitted to school. The second at the age of eight years and the third at the age of twelve years.

Each year approximately one-third of the children in average attendance come up for examination.

Arrangements have also been made for the treatment of defects commonly found amongst school children.

The scheme has now been sufficiently long in operation for the results to have attained some degree of uniformity. The numbers examined do not differ materially from those of recent years, and the work of the various clinics has been continued on the same lines as have been detailed in previous reports.

Special attention is drawn to the report of the school dentist and the increasing difficulty that is found in overtaking the work of dental inspection and treatment.

I wish to express my indebtedness to my medical colleagues, and to the nursing and clerical staffs for their loyalty and co-operation in the work of the department.

I am,
Your obedient servant,
H. J. MILLIGAN,
School Medical Officer.

March, 1928.

STAFF.

Medical Officer of Health and School Medical Officer.

H. J. Milligan, M.C., M.D., D.P.H.
of Gray's Inn, Barrister-at-Law.

Senior Assistant School Medical Officer.

J. Maxwell Taylor, M.A., M.B., Ch.B., D.P.H.

Assistant School Medical Officer.

Agnes Bernfeld, L.S.A., D.P.H.

Assistant School Medical Officer (part time) and Certifying Officer under the Mental Deficiency Act.

J. A. P. Price, B.A., M.D.

Dental Surgeon.

Marion Smith Mackinnon, L.D.S.

Nursing Staff.

Miss D. M. Appleton.
Miss R. Attwood.
Miss K. Russell.
Miss J. Stimson.

Clerical Staff.

Miss W. M. Dix.
Miss M. C. Dalziel.

SUMMARY.

The following tabular statement represents the numbers of children who came under review by the officers of the school medical department during the year :—

Children in average attendance at elementary schools	11,444
Elementary school children examined	4,153
Examined at secondary schools	281
Miscellaneous examinations (employed boys, etc.)	294
Treated at minor ailments clinic	1,129
Treated at ringworm clinic	43
Treated at eye clinic	442
Treated at ear clinic	87
Examinations by school dentist	4,274
Treated by school dentist	2,891
Total attendances at various clinics	24,155
Total examinations by nurses for cleanliness	32,903
Home visits by nurses	3,510
Number of baths given to children	193

Number of meals provided for school children	43,991

COUNTY BOROUGH OF READING.

CO-ORDINATION OF HEALTH SERVICES.

The closest co-operation is maintained between all branches of the health services of the borough. The Medical Officer of Health is also School Medical Officer and the lady assistant medical officer divides her time almost equally between the work of school medical inspection and attendance at the infant welfare and ante-natal clinics. An endeavour is being made to effect more completely the supervision of young children between infancy and the age when they commence to attend school. The lady health visitors keep a separate register of children who require special supervision by reason of mental and physical defect. These records are passed on to the school medical department and are entered on the medical inspection schedules.

The tuberculosis officer is also able to supplement the work of the school medical officer by the examination of all children suspected to be suffering from tuberculosis and all children recommended for admission to the open-air school. In like manner the names of children treated at Park Hospital who suffer from complications of the ordinary infectious diseases are placed on the school following-up register in order that they may be kept under supervision.

THE SCHOOL MEDICAL SERVICE IN RELATION TO PUBLIC ELEMENTARY SCHOOLS.

School Hygiene.

Details of the hygienic condition of the schools have been given in previous reports. A few improvements have been effected during the year. Various alterations have been made at Caversham parochial school on its re-organization as a junior school. A considerable improvement has been made in the playground at Christ Church school, but a number of other playgrounds are still very unsatisfactory. The use of uncovered pail closets at Lower Whitley school have been adversely reported upon in previous reports but this nuisance has not yet been remedied. A number of the cloakrooms especially in the infant departments are insufficiently lighted with the result that children frequently make mistakes in taking coats and caps other than their own. The artificial lighting in several schools would be improved by greater attention to the cleanliness of the bulbs and shades. The more frequent supply of clean towels in many of the school lavatories would effect a great improvement.

Greater attention might also be given to the desks provided for older children who in many cases have outgrown those provided.

Medical Inspection.

The number of children on the rolls of the elementary schools is 12,981, with an average attendance of 11,444.

Both the number on the rolls and the average attendance show a very slight decrease on the numbers of the preceding year.

The groups of children inspected are those set out in the recommendation of the Board of Education, namely :—

(*a*) Those admitted to school during the year. Children who are admitted at 3 years of age are again examined on reaching the age of 5.

(*b*) Those between the age of 8 and 9 years.

(*c*) Those between the age of 12 and 13 years and all older children who have not been examined after attaining 12 years. In the central schools the 15 year age group is also examined.

In addition to the routine groups examined, any child reported as suffering from a particular defect is examined specially, either in school or at the clinic.

The medical inspectors visit each school once in each term, that is, three times per annum for routine inspections, and twice annually for re-inspections.

This method enables them to keep in close touch with the general health conditions in the schools and also enables them to examine at a later visit any children who may for any reason have been missed at an earlier inspection.

The examinations are carried out on the school premises, either in a special room or in a class-room.

The Board's schedule of medical inspections has been adopted in its entirety. Table I. on page 78 shews the numbers and the groups of children inspected.

The scheme of examination contemplates that each child will be examined three times in its school life. The numbers examined this year represent 35 per cent. of the average attendance. The subjoined table shews the numbers examined in each group of routine and special cases and the numbers of re-examinations each year since 1922 :—

	1922	1923	1924	1925	1926	1927
" Routine " examinations	4,386	4,445	4,264	4,465	4,384	4,153
" Special " examinations	1,450	1,781	1,554	1,685	1,552	1,465
Re-examinations	2,798	8,507	9,470	10,586	9,336	9,435

Findings of Medical Inspection.

The results of the medical inspections are set out in detail in the form prescribed by the Board of Education in the tables at the end of this report. Table IIB on page 80 is specially valuable as shewing the percentage of children in each age group who stand in need of medical treatment.

I append short notes on the incidence of each of the conditions which have come under consideration :—

(*a*) **Uncleanliness.** 4·9 per cent. of the children were found at the routine medical inspections to have unclean heads and 1·3 per cent. were found to have unclean bodies. The corresponding figures for the previous year were 4 per cent. and 1·5 per cent. respectively. Prosecutions were undertaken against three parents, two under the Education Act, 1921, and one under the school attendance bye-laws. In each case a fine was inflicted.

(*b*) **Minor Ailments.** These complaints comprise impetigo, ringworm and sores. For the past few years there has been a steady diminution under this heading. This year, however, the numbers, with the exception of ringworm, have tended to increase. A possible explanation of this might be found in the sunless summer with consequent lowering of the resistance of the children to disease of any kind.

(*c*) **Tonsils and Adenoids.** The total number of cases requiring treatment or observation was 266 or 6·4 per cent., compared with 4·0 per cent in 1926. It was found that in the different age groups this year 12·6 per cent. of the leavers, 11·1 per cent of the intermediates and 5·0 per cent. of the entrants had already been operated on.

(*d*) **Tuberculosis.** There were 5 cases of suspected pulmonary tuberculosis and 1 non-pulmonary found at the routine inspections. Pronounced cases of pulmonary tuberculosis are not likely to be found at the schools and details of the known incidence in Reading will be found in Table III. on pp. 81 and 82.

(*e*) **Skin Diseases.** Seventy-five cases or 1·8 per cent of those examined were found to be suffering from skin diseases. This compares with 1 per cent found last year.

(*f*) **External Eye Disease.** There were 32 cases (chiefly blepharitis) as against 21 cases in 1926.

(*g*) **Vision.** The number of children with defective vision was 392 or 9·4 per cent. It should be noted that the vision of entrants is not tested unless they have a squint, so that the actual percentage of children with defective vision would be much larger than this. In the previous year the percentage was 9·0.

(*h*) **Ear Disease and Hearing.** Cases of defective hearing amounted to 1·6 per cent. and of discharging ears to 0·7 per cent. These figures are somewhat similar to last year's in both instances.

(*i*) **Dental Defects.** At the medical inspections, cases of dental caries are reported only if the disease is extensive or if it is considered that affected permanent teeth are capable of being saved. The results of the inspections by the dentist are shown elsewhere.

(*j*) **Crippling Defects.** Under deformities, 78 cases were noted at the routine inspections. These are for the most part cases of slight lateral curvature, round shoulders, and flat foot. In 1926 the number was 46.

NUTRITION.

The tables given below shew the average height and weight of the children examined at routine inspections during the year, with comparative figures for previous years.

ELEMENTARY SCHOOLS.

Height in Inches.

1927					
Age.	No. of children.	Av. height of Reading children.	Reading children, 1924.	Reading children, 1925.	Reading children, 1926.
$5\frac{3}{12}$ (boys)	460	41¼	41	41¼	41½
(girls)	426	41¾	41	41	42½
$8\frac{3}{12}$ (boys)	530	47¾	47¾	47¾	48
(girls)	463	47	47¼	46	48
$12\frac{3}{12}$ (boys)	588	54	55	54½	55¼
(girls)	596	55¾	53	55	55½

Weight in Pounds.

1927					
Age.	No. of children.	Av. weight of Reading children.	Reading children, 1924.	Reading children, 1925.	Reading children, 1926.
$5\frac{3}{12}$ (boys)	460	40½	39½	39¾	40¾
(girls)	426	39¼	39	39¼	39¼
$8\frac{3}{12}$ (boys)	530	53¾	52¾	53	53
(girls)	463	52½	50½	50¾	51¼
$12\frac{3}{12}$ (boys)	588	74	73½	73½	76
(girls)	596	76½	71¾	74½	76¾

The various figures show that on the whole the high level mark of the previous year has not quite been maintained. It is satisfactory to note that the weight of the intermediate boys and girls is somewhat higher. With regard to the leaver group it might be mentioned that when they were measured as intermediates in 1923 they were found to be under the average.

As a guide to physical conditions in different parts of the borough the heights and weights of children in two groups of schools are appended in the following table :—

GROUPED SCHOOLS.

Age.	Schools.	No. of Children.	Boys.		No. of Children.	Girls.	
			Hgt. in Ins.	Wgt. in lbs.		Hgt. in Ins.	Wgt. in lbs.
5	Group A.	62	41	39	62	40¾	37½
	B.	112	42	41½	86	41¼	40
8	Group A.	80	46½	50¾	41	47	51
	B.	124	48	54¾	115	47½	53¼
12	Group A.	68	54	73	50	55	73
	B.	165	55	76	167	55¾	78
12	Kendrick	—	—	—	35	57½	85¾
12	Reading School	29	58	80¼	—	—	—

Group A Schools are St. John's Reading, Coley, Greyfriars, St. Giles' and St. Mary's.
Group B Schools are Alfred Sutton, Wilson and George Palmer.

Infectious Diseases. The incidence of scarlet fever during the year was below the average. The number of cases of diphtheria was not excessive but the type of the disease was severe, resulting in several deaths. In one class where two fatal cases occurred all the children were swabbed without discovering any carrier amongst them. Other cases of this disease were fairly evenly distributed throughout the borough. An epidemic of measles commenced at the end of the year but this disease has not been unduly prevalent in the present year. In no case during the year was the closure of any school recommended. As in previous years the teachers have furnished the medical staff with returns of absence due to non-notifiable diseases like mumps and chicken pox.

The following table shews the number of patients and contacts excluded during the year :—

	Patients.		*Contacts.*
Scarlet fever	87	...	98
Diphtheria	36	...	50
Measles	242	...	—
Scabies	—	...	—
Verminous conditions, etc.	697	...	—

Following-up.—Parents of all children with defects are notified and recommended to obtain medical advice. A "following-up" card is made out for each of these children and a list is also sent to the head teachers. In the case of parents who cannot afford to send their children to a private doctor an invitation is sent for them to attend the school clinic. Twice a year children with defects are re-inspected in the schools, and when necessary the nurses visit the homes. During the year, 3,510 visits to the homes were made by the nurses.

The schools are divided into three groups to each of which a nurse is attached. The nurses attend all the medical and dental inspections, the minor ailments, inspection and other clinics of which the work is described under "treatment". The nurses also undertake cleanliness surveys in the schools, each child being inspected once a term or oftener if necessary. The standard of cleanliness in the various departments varies considerably. The following list gives the percentage of girls found to have heads free from nits at the nurses' inspections during the autumn term :—

Redlands girls'	department	88·0	per cent.
E.P. Collier girls'	,,	87·5	,,
George Palmer ,,	,,	84·0	,,
Oxford Road ,,	,,	83·1	,,
Battle ,,	,,	82·5	,,
Newtown ,,	,,	76·3	,,
Katesgrove ,,	,,	49·0	,,

MEDICAL TREATMENT.

(*a*) **Minor Ailments.** The school clinic is open every morning from 8.30 a.m. till 12 noon. As will be seen from the treatment table, group I., the total number of cases treated, namely 1,129, is somewhat greater than last year, when 1,075 children came under treatment. The cases dealt with in addition to skin diseases include the majority of the external eye defects, minor ear defects, and minor injuries. There was a slight increase in all cases, except in ringworm which was considerably less and scabies which was entirely absent.

The total number of cases attending the ringworm of the scalp clinic during the year was 43, of which 33 were new cases. Of the new cases, 9 were treated by x-rays, the remainder being dealt with by local applications.

(*b*) **Tonsils and Adenoids.** The authority's scheme for the operative treatment of enlarged tonsils and adenoids at the Royal Berkshire hospital has been continued during the year. Nineteen children were operated on. None of the children were detained in hospital.

Seventy-two children received operative treatment apart from the special arrangements made by the committee and 20 of the less severe cases were treated by means other than operation.

(*c*) **Tuberculosis.**—Cases of suspected tuberculosis are referred to the Tuberculosis Officer if they are not under a private doctor. In table III. and in the report of the open-air school will be seen particulars of children dealt with during the year.

VISION.

A clinic for the diagnosis and treatment of defects of vision holds two sessions weekly one of which is conducted by Dr. Price and one by Dr. Taylor.

During the year, 442 children, including 231 new cases, attended. The total number of attendances was 1,231.

The following are the various errors of refraction from which the children suffered :—

Myopia	77=29·1	per cent.
Myopic astigmatism	41=15·5	,,
Hypermetropia	61=23·1	,,
Hypermetropic astigmatism	77=29·1	,,
Mixed astigmatism	8= 3·0	,,

Twenty-three children were found not to require glasses and four were referred to the Royal Berkshire hospital.

Spectacles are provided through the agency of the Education Committee the parents contributing to the cost in accordance with the terms of an income scale. Table IV. (group II.) on page 83 sets out in detail the numbers of children dealt with at the clinic or otherwise and the agency through which their defects of vision were remedied.

EAR DISEASE AND HEARING.

An ear clinic is held every saturday morning under the charge of Dr. Bernfeld. The following are the particulars of the work of the clinic during the year :—

EAR CLINIC.

No. of attendances	638
No. of new cases	87
New cases classified :—	
Eczema external ear	2
Otorrhoea	34
Deafness without discharge	32
Throat and nose defects	15
No defects	4

Summary and result of treatment	Cured.	Much Improved.	Still Attending.
Otorrhoea	28	—	4
Deafness without discharge	20	—	7
Throat and nose defects	—	11	11
Tonsil and adenoid operations	5	—	—
No defects	4	—	—

Cases referred to hospital—	Mastoid disease	3
	Enlarged tonsils	4
	Chronic deafness	1
Cases referred to own doctor—	Enlarged tonsils	2
No. of cases ceased attending		18

A number of children suffering from nasal catarrh have attended the clinic. Most of these have suffered from this condition for several years, and although much improvement has been observed it will take some time to cure.

The number of cases who have ceased attending appears large but more than half have either left the town or have left school.

Treatment of Otorrhoea by Ionisation.

The School Medical Officer's report for 1923 gives a description of this method of treatment and the 1925 report gives an analysis of the work of three years, showing its successful use.

This year, 14 cases were selected for ionisation, of whom 13 were school children and one, aged 3½ years, was sent from the infant clinic.

Eleven cases can be regarded as cured and two as improved. The remaining child was referred to hospital for operative treatment.

The child sent from the infant clinic had had a mastoid operation performed at the age of four months since when she had had more or less offensive otorrhoea. She had one ionisation treatment at the beginning of October and has had no discharge since.

Many of the children treated in previous years have left school and cannot be included in this report. Of the others traceable at school, three have been re-infected and have been re-ionised with good results.

Two cases done in 1925 and two cases in 1926 relapsed and owing to home conditions it was not thought advisable to re-ionise them.

The number of children selected for ionisation was comparatively small owing to the fact that in several of the children the otorrhoea was so slight that a few days local treatment cleared it up.

DENTAL CLINIC.

I submit the report of Miss Marion Smith Mackinnon, the school dentist on the work during the year :—

" The need for a second dentist is becoming acute, and the value of the work done is suffering considerably.

The rate at which caries attacks the teeth varies in different individuals. In children and adolescents it progresses very rapidly and a year is the maximum time that should be allowed between inspections, otherwise one cannot keep pace with the destruction of the teeth and many teeth are lost which could have been saved had they been treated at the inception of the disease. It becomes impossible to carry out a conservative programme and many mouths are ruined through the loss of valuable teeth and the value of conservative work already done becomes nullified.

For example, a child of 8 or 9 attends for treatment and has its two lower first permanent teeth filled and perhaps some temporary teeth extracted and leaves the clinic with a mouth free from caries. Two years later, when seen in school, the upper first permanent molars have become so carious that they have to be extracted, leaving the lower molars which were previously " saved " useless for masticating purposes, as the occluding teeth have been lost. If this child is very susceptible to caries, two years later at the next inspection, one or more bicuspids which were only erupting at the previous inspection may be hopelessly carious and have to be sacrificed.

The second permanent molars, which erupt at twelve years of age, are also very liable to decay with great rapidity in a mouth susceptible to caries.

If these are lost the child leaves school at the age of 14 with a very poor masticating outfit, and as far as he is concerned the school dental clinic might have been run merely for the extraction of carious teeth—a very low ideal. That the clinic tends to become such, where a system of yearly inspections cannot be carried out, is borne out by the statistics—661 permanent teeth having been extracted during the year. Of these, 43 were removed for regulation purposes and 7 were supernumerary teeth. The number of permanent teeth extracted per 100 children in the specials or casual group remains practically the same as last year—51 per 100 in 1927, compared with 52 per 100 in 1926, but the number for inspected children has jumped from 19 per 100 in 1926 to 32 per 100 in 1927.

Where caries is seen to be of a specially rapid nature, the children are told to report at the clinic every six months for inspection and those who take advantage of this, benefit accordingly. Many children require treatment every six months and most children, who are susceptible to caries, require some further treatment after a year. As things are at present, 22-24 months elapse between dental inspections and it is heartbreaking to see the state of some of the mouths, which were made healthy after the previous dental inspection. Naturally more treatment is required after a 24 months' inspection and the children have to make many more attendances at the clinic so that fewer children can be treated and the nature of the treatment becomes more and more radical in character and less sound conservative work can be done.

The number of consents for treatment increased from 49 per cent. last year to 54 per cent. this year and in actual numbers from 1,515 to 1,532, although fewer children were inspected. There has also been a great increase in attendances of children from the welfare centres and of expectant and nursing mothers—96 children aged 3 and 4 actually attending, and 34 mothers attending on 62 occasions. Thus is the work developing on all sides, but unfortunately after having encouraged this demand for treatment—the facilities to carry out this treatment are most inadequate and the work involved is more than one dentist can possibly undertake.

Only 3,752 children were inspected in 15 schools as so much time had to be devoted to treatment, and the percentage of children requiring treatment has gone up from 68 per cent. last year to 73 per cent. this year.

In his report for 1925, the Chief Medical Officer of the Board of Education says " 14 per cent. of the infants arrive at school with extensive dental caries, accompanied in many cases by oral sepsis leading to general ill-health." This refers to London children, but it also applies to Reading children and as these are not inspected until they are 6 or 7, practically no preventive work can be undertaken for them.

The number of children who attended the clinic after having definitely refused treatment when offered at the previous dental inspection, was 267 and these, I am afraid, generally attended for extraction of aching teeth. A number of them, however, attended for conservative treatment, having been convinced of the advisability of this by the school doctor at the medical inspection.

The dental nurse paid 532 home visits and obtained 201 consents from parents who had not returned the consent form to school after the inspection.

82·7 per cent. of the appointments made were kept—this being the same percentage as last year."

CRIPPLING DEFECTS AND ORTHOPAEDICS.

A register is kept of all children known to be suffering from crippling defects and they are constantly kept under observation. The infant welfare visitors refer known cases of crippling to the school medical department when the children reach school age. All necessary treatment for crippling defects is received in the orthopaedic department of the Royal Berkshire hospital, more prolonged institutional treatment being provided during the year for one boy at the Wingfield hospital, Headington, and for one girl at the Royal National Orthopaedic hospital, London.

The Health committee of the council also provided institutional treatment at Headington for six children of school age who were suffering from non-pulmonary tuberculosis.

In four instances monetary assistance was given towards the supply of surgical appliances for physically defective children.

A considerable amount of assistance is also available for crippled children through voluntary agencies in the town.

OPEN-AIR EDUCATION.

Arrangements are made in nearly all schools to hold classes in the playgrounds when the weather permits. In certain of the older schools where the playgrounds abut on the public streets such classes would not be easily practicable. Nature study walks are also frequently arranged especially for the younger children and school journeys to places of interest in London and to various seaside places are undertaken by some of the classes. A party of 25 girls from St. Mary's school spent a fortnight, May 25th till June 8th, at Broadstairs, under the charge of Miss Morris, the head mistress. Most of the girls come from a poor neighbourhood and had not seen the sea before. Needless to say they enjoyed their holiday exceedingly and benefited both in health and appearance. It is hoped to take a somewhat larger party of girls this summer.

There are no open-air classrooms expressly designed as such, and the only open-air day school is the Whitley special school, reported on elsewhere.

PHYSICAL TRAINING.

I append the following report by the assistant organizers of physical training (Miss H. M. Naylor and Mr. J. F. Thomas) :—

" The standard of this branch of educational work is being steadily maintained.

The Duke of York visited the borough in July last to open the Sol-Joel Playing Field. On this occasion three thousand scholars from the primary schools took part in the ' march past ' each school being led by its football, cricket or net-ball team. After the ' march past ' the scholars took part in various games, the chief being cricket, netball, stoolball, rounders, tennis, and circle dodge ball. Brigadier-General Huleatt, who presided at the opening function expressed his gratitude in the following letter :—

> 'As Chairman, on behalf of those connected with yesterday's show, I feel that I must put on record my appreciation of the show put up by the school children. In spite of many difficulties both the arrangements and the performances were really excellent, creditable to the borough and worthy of the occasion.'

Swimming Instruction :—The work has been carried out on similar lines to those of former seasons. The inclement weather resulted in fewer certificates granted, the total number being 447 as against 692 during the previous season.

The results at Tilehurst road bath have been far from satisfactory owing to :—

(1) The very low temperature of the water (May and June temperature failed to reach 50 degrees).

(2) The small dimensions of the bath.

It has been decided to discontinue the use of this bath and to concentrate on King's Meadow and the Arthur Hill baths so that in future the whole of the instruction will be undertaken by one instructress for the girls and one instructor for the boys."

PROVISION OF MEALS.

During the year 194 received free meals, 33,344 meals in all being provided. There were also 197 children who received 10,647 meals for which payment was made. The meals are cooked at the central kitchen in Southampton street and distributed to two additional centres in Newtown and Redlands. Dinners only have been provided. The quality of the food provided and the manner of distribution are satisfactory.

CO-OPERATION OF PARENTS.

The attendance of parents at medical inspections very considerably facilitates the work of the school medical officers and it is evident that parents are becoming increasingly interested, the percentage of attendance having risen within the last few years from 43 per cent. to 64·7 per cent. At the entrant inspections the attendance of parents reached the high total of 84·3 per cent. For the intermediates and leavers inspections it was 67 and 41·6 per cent. respectively.

Thirty-seven parents objected to the medical inspection of their children, representing one per cent of all children examined. This is the lowest total of objections yet recorded.

In view of the recent appearance of cases of smallpox in the southern counties of England it may be of value to give the state of vaccination of Reading school children.

Percentage of	entrants vaccinated	15·9
,,	intermediates vaccinated ...	24·4
,,	leavers vaccinated	26·4

CO-OPERATION OF TEACHERS.

It would be difficult to over-estimate the value of the work done by th teaching staff in the assistance rendered to the school medical service. Doctors dentist and nurses all find their paths smoothed by the direct help of the teachers. Notices of inspection sent out ; the children collected from the various classes ; special cases requiring an opinion brought forward ; attention to the wearing of glasses in school ; help in the matter of following up defective children ; interviewing of parents—all this done by the teachers is invaluable.

In other ways much assistance is indirectly given to school medical work. The 11 o'clock glass of milk in the infant department ; assistance at lunch time and at school meals ; helping necessitous cases with clothing and shoes ; school journeys and school sports—are all important factors in the health of the children individually and collectively.

CO-OPERATION OF SCHOOL WELFARE VISITORS.

There is a cordial co-operation between the school medical department and the welfare visitors whose help is particularly valuable in the investigation of crippling defects in children who may be absent from school for lengthened periods.

Moreover, any medical records which the welfare visitors obtain are available for the information of the school medical service. The prosecution of parents who have wilfully neglected to keep their children clean is carried out through the welfare department.

CO-OPERATION OF VOLUNTARY BODIES.

The National Society for the Prevention of Cruelty to Children supplements the work of the Education Committee in the case of children who might otherwise be neglected. During the year 56 cases affecting 120 children have come under their supervision. Of this number 33 were completed as satisfactory while 20 remain under observation. In 3 cases the children are inmates of a poor law institution.

The Red Cross Orthopaedic Fund also performs a very valuable function in assisting the provision of the necessary appliances for crippled children whose parents are unable to meet the costs and in encouraging such children to continue attendance at the orthopaedic clinics.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

A weekly clinic conducted by Dr. Price is held for the purpose of examining all mentally and physically defective children. During the year 92 such children referred by school medical officers, teachers, and welfare visitors were examined with the results shewn in the following summary. Such of the cases as were found suitable were admitted to the various sections of the Whitley Special school as vacancies occurred.

	Boys.	*Girls.*
Dull and backward	4	5
Feeble-minded	22	11
Imbecile	7	3
Moral imbecile	3	–
Physically defective	12	2
Phthisis and suspected phthisis	12	5
Non-pulmonary tuberculosis	1	2
Deaf and dumb	2	–
Epileptic	–	1
	63	29

SPECIAL SCHOOLS.

I am indebted to Dr. Price for the following report on the work of the special schools :—

" The general management of and the work in these schools have been carried out on the lines of previous years. Weekly visits have been paid by your Medical Officer and all the children examined in routine. In each of the three schools the number of children in attendance throughout the year has increased :—

	Mentally. Defective School.		Physically. Defective School.		Open-air School.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
On roll January, 1927	52	34	26	21	26	33
Admitted during the year	19	6	9	6	11	6
Left during the year	8	5	4	5	7	7
On roll December, 1927	63	35	31	22	30	32

LEAVERS.

	Mentally. Defective School.		Physically. Defective School.		Open-air School.	
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.
For employment (industrial) ...	3	...	1	2	4	3
For employment (domestic) ...	...	1	...	...	...	...
Returned to ordinary school ...	...	...	...	...	...	2
Too ill to attend	...	1	...	1	1	...
Left the district	2	...	...	1	2	2
Deceased	...	...	...	...	...	...
Mentally unfit	...	...	2	...	...	...
Sent to an institution ...	...	1	...	...	...	...
Reported to Local Authority for care of mentally defective and kept under observation	3	...	...	...	...	...
Sent to sanatoria	...	...	...	...	...	...
Left unfit for employment ...	...	1	1	...	...	...
Transferred to physically defective school	...	1	...	...	...	...
Left for hospital treatment ...	...	...	...	1	...	...

Three dozen new desks have been supplied to the open-air school, but at least 2½ dozen more and twelve suitable chairs are needed for this and the school for the physically defectives.

PHYSICALLY DEFECTIVE SCHOOL.

Seventy-one children have attended during the year with the following disabilities :—

Defective vision	1
Defective hearing	3
Tuberculosis (osseous)	3
Infantile paralysis	14
Spinal caries	2
Lateral curvature	1
Congenital dislocation of hip	1
Nervous disorders	12
Heart disease	10
Other disorders	24

The cases of deformity from infantile paralysis, spinal caries, tuberculosis, and other joint diseases have received treatment at the Royal Berkshire hospital, at Headington, or by private practitioners.

MENTALLY DEFECTIVE SCHOOL.

One hundred and eleven children have attended during the year. The family history of these, as far as can be ascertained, is interesting throwing as it does some light on the causation of their mental deficiency. Enquiry revealed in parents, grand-parents or in other near relatives, a history of :—

Tuberculosis	3
Alcoholism	2
Backwardness	11
Epilepsy	4
Not known or normal	61
Dementia and amentia	30

In the 61 cases (not known or normal) where no family history of the forbears was forthcoming brothers and sisters in many instances were feeble-minded and had in the past been pupils in this school.

Many of the children exhibit, in addition to their mental defect, physical defects as shown below :—

Defective speech	4
Defective hearing	2
Defective vision, including squint	15
Nasal obstruction	3
Infantile paralysis	2
Congenital disease of heart	3
Minor epilepsy	3
Defective development of limbs	2

THE OPEN-AIR SCHOOL.

At this school 37 boys and 39 girls have been in attendance during the year ; of these 18 boys and 25 girls suffered from pulmonary tuberculosis in a quiescent stage, and 19 boys and 14 girls from general delicacy, all having been recommended by Dr. Minkley, the Tuberculosis Medical Officer ; during their stay at school they are kept under his observation. Charts of temperature, weight and height are kept and breakfasts, dinners, teas and a pint of grade A milk are supplied to each child daily ; in addition malt and cod liver oil are provided when required.

AFTER-CAREER TABLE.

	Mentally Defective School.		Physically Defective School		Open-Air School	
	Boys	Girls	Boys	Girls.	Boys	Girls.
1. Number of children who have left school since 1910	141	85	86	95	131	111
2. Number who—						
(a) have since died	8	9	8	16	2	3
(b) are known to be incapable by reason of mental or physical defect of undertaking employment	13	20	1	4	..	...
(c) are in attendance at an institution for further education	12	13	5	4	...	...
(d) are in any other institution	8	4	2	...	...	...
(e) Transferred to sanatoria	...	...	...	...	2	2
(f) Left for hospital treatment	...	...	1	1	1	1
3. Number who are employed in—						
(a) Industrial or manual occupations ...	66	19	18	11	23	21
(b) Agricultural or rural occupations ...	...	...	...	1	5	...
(c) Domestic occupation, including those who are helping in the domestic work at home ...	...	4	2	14	3	21
(d) Commercial, professional or clerical work ...	...	...	7	10	5	5
(e) Blind alley or other precarious occupations ...	...	...	4	...	9	...
(f) Married and remaining at home ...	...	3	...	7	...	6
4. Number who have left the neighbourhood whose after-careers have not been traced	14	7	11	9	12	14
5. In the services or pensioned	7	...	...	..	3	...
6. Transferred to ordinary schools	...	...	12	4	49	19
7. Transferred to other special schools	..	1	4	6	5	4
8. Children unfit to attend school	3	...	6	8	8	12
9. Unemployed	10	5	5	...	4	2
10. Too irregular to benefit	...	...	...	...	...	1
Totals ..	141	85	86	95	131	111

SECONDARY SCHOOLS.

The results of the examinations of the Reading School and the Kendrick Girls' school are set out in the table on page 85. It will be seen that the main defects to which attention is drawn in both schools are carious teeth and errors of refraction. Attention has also been given to minor deformities, the result chiefly of defective carriage and to conditions of sub-nutrition arising from insufficient rest.

Re-inspections were carried out at both schools and in the majority of cases treatment had already been provided or arranged. Dental treatment was provided for seven boys at the education committee's clinic and six boys attended the ophthalmic clinic.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

In accordance with the bye-laws, 182 children (181 boys and 1 girl) engaged in the distribution of milk or newspapers were examined at the clinic, and 57 boys engaged in other occupations were examined in the schools. Five of the children were found unfit for employment. All employed children are kept under supervision and are weighed periodically in the schools. Eight employers were interviewed with regard to their employing boys beyond the legal number of hours.

A medical report of each of the " leavers " is recorded on the cards of the Juvenile Employment Bureau.

SPECIAL INQUIRIES.

Register of children suffering from organic heart disease and rheumatic conditions.

The number of elementary school children known to be suffering from organic cardiac disease is 72, of whom 27 are boys and 45 are girls. This gives an average of 5·5 cases per 1,000 of the school population and shows that the condition is apparently most common amongst girls, a fact that has been noted in other school areas. The majority of these children are able to attend the ordinary schools but they are kept under observation and where necessary the character of their physical exercises is suited to their physical disability. Seven attend the physically defective department of the Whitley special school and three the mentally defective department.

An additional number of children amounting in all to 90 (boys 43, girls 47) who have suffered from acute and sub-acute rheumatism and chorea are also kept under observation.

MISCELLANEOUS.

Forty-eight pupil teachers and scholarship candidates were examined. Seven boys were examined for admission to the " Warspite " training ship.

TABLE I.

A. Routine Medical Inspections.

Number of code group inspections :—

Entrants	1,592
Intermediates	1,182
Leavers	1,331
Total ...	4,105

Number of other Routine Inspections—48.

B. Other Inspections.

Number of special inspections	1,465
Number of re-inspections	9,435
Total ...	10,900

TABLE II.

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1927.

Defect or Disease. (1)		Routine Inspections. No. of Defects.		Specials. No. of Defects	
		Requiring treatment. (2)	Requiring to be kept under observation, but not referred for treatment. (3)	Requiring treatment. (4)	Requiring to be kept under observation, but not referred for treatment. (5)
Malnutrition		2	572	13	8
Uncleanliness	Head	204	1	34	...
	Body	56	4	13	...
Skin	Ringworm — Scalp	4	...	41	...
	Ringworm — Body	3	...	41	...
	Scabies	...	...	..	...
	Impetigo	21	...	315	...
	Other Diseases (Non-tubercular)	47	...	114	..
Eye	Blepharitis	25	...	23	...
	Conjunctivitis	7	...	40	...
	Keratitis	...	...	3	...
	Corneal Ulcer	...	...	1	..
	Corneal Opacities	..	...	...	.
	Defective Vision (excluding squint)	182	150	36	5
	Squint	35	25	7	...
	Other Conditions	4	7	26	1
Ear	Defective Hearing	67	18	23	1
	Otitis Media	30	5	53	1
	Other Ear Disease	1	...	14	...
Nose and Throat	Enlarged Tonsils only	90	134	8	1
	Adenoids only	1	7	2	...
	Enlarged Tonsils and Adenoids	19	15	7	...
	Other Conditions	46	37	56	2
Enlarged Cervical Glands (non-tuberculous)		1	10	20	..
Defective Speech		...	16	4	...
Teeth—Dental Disease		168	...	19	...
Heart and Circulation	Heart Disease :—Organic	...	18	3	2
	Functional	...	7	1	...
	Anæmia	12	...	11	...
Lungs	Bronchitis	...	...	...	...
	Other Non-Tuberculous Diseases	7	28	4	4
Tuberculosis	Pulmonary :— Definite	...	...	...	...
	Suspected	3	2	2	1
	Non-Pulmonary :—Glands	1	...	5	...
	Spine	...	1	...	...
	Hip	...	1	...	...
	Other Bones and Joints	...	..	...	...
	Skin	...	...	..	...
	Other forms	...	...	1	...
Nervous System	Epilepsy	..	1	...	1
	Chorea	1	1	5	2
	Other Conditions	4	6	...	...
Deformities	Rickets	1	...	...	...
	Spinal Curvature	2	5	...	...
	Other Forms...	12	59	5	1
	Other Defects or Diseases	53	43	679	21

TABLE II. (*continued*)

B. Number of *Individual Children* found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases).

Group. (1)	Number of Children. Inspected. (2)	Found to require treatment. (3)	Percentage of children found to require treatment. (4)
Code Groups—			
Entrants	1592	189	11.9
Intermediates	1182	189	15.9
Leavers	1331	201	15.1
Total (code groups)	4105	579	14.1
Other routine inspections	48	10	20.8

TABLE III. Return of all Exceptional Children in the Area.

			Boys.	Girls.	Total.
Blind (including partially blind).	(i) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind	4	1	5
		Attending Public Elementary Schools	...	...	...
		At other Institutions	...	...	...
		At no School or Institution	...	...	...
	(ii) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind	...	...	...
		Attending Public Elementary Schools (including Whitley Special School)	1	...	1
		At other Institutions	...	...	...
		At no School or Institution	...	...	...
Deaf (including deaf and dumb and partially deaf).	(1) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf	5	9	14
		Attending Public Elementary Schools (including Whitley Special School) ...	...	...	...
		At other Institutions	...	...	...
		At no School or Institution	...	...	...
	(ii) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf	...	...	...
		Attending Public Elementary Schools (including Whitley Special School)	3	...	3
		At other Institutions	...	...	...
		At no School or Institution	...	...	...
Mentally Defective.	Feeble-minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children	63	35	98
		Attending Public Elementary Schools	...	...	...
		At other Institutions	...	...	...
		At no School or Institution	7	4	11
	Notified to the Local Control Authority during the year.	Feeble-minded	1	1	2
		Imbeciles	6	1	7
		Idiots	...	...	...
Epileptics.	Suffering from severe epilepsy	Attending Certified Special Schools for Epileptics	...	...	...
		In Institutions other than Certified Special Schools	...	...	...
		Attending Public Elementary Schools	...	...	...
		At no School or Institution	2	2	4
	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools (including Whitley Special School)	4	6	10
		At no School or Institution	...	...	...

TABLE III. (*continued*).

			Boys.	Girls.	Total.
Physically Defective.	Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	...	...	...
		At other Institutions	...	...	...
		At no School or Institution	...	...	...
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	2	4	6
		At Certified Residential Open-Air Schools	...	...	...
		At Certified Day Open-Air Schools ...	5	6	11
		At Public Elementary Schools ...	...	...	...
		At other Institutions	...	...	...
		At no School or Institution	3	1	4
Physically Defective (cont.)	Delicate children (e.g., pre-or latent tuberculosis, malnutrition, debility, anaemia, etc.)	At Certified Residential Open-Air Schools	...	...	...
		At Certified Day Open-Air Schools ...	25	26	51
		At Public Elementary Schools ...	52	42	94
		At other Institutions	...	...	...
		At no School or Institution	11	3	14
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	3	...	3
		At Public Elementary Schools ...	...	...	...
		At other Institutions	...	...	...
		At no School or Institution	2	1	3
	Crippled children (other than those with active tuberculous disease), e.g., children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools ...	1	1	2
		At Certified Residential Cripple Schools	...	...	...
		At Certified Day Cripple Schools ...	28	22	50
		At Public Elementary Schools ...	24	17	41
		At other Institutions	...	...	...
		At no School or Institution	5	5	10

TABLE IV.

Return of Defects treated during the Year ended 31st December, 1927.

TREATMENT TABLE.

Group I.—Minor Ailments

(excluding Uncleanliness, for which see Group V.).

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise (3)	Total. (4)
Skin :—			
Ringworm—Scalp	43	9	52
Ringworm—Body	33	11	44
Scabies	...	...	...
Impetigo	287	49	336
Other Skin Diseases	69	92	161
Minor Eye Defects :— (External and other, but excluding cases falling in Group II.)	60	69	129
Minor Ear Defects	122	41	163
Miscellaneous :— (e.g., minor injuries, bruises, sores, chilblains, &c.)	515	351	866
Total ...	1129	622	1751

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

Defect or disease. (1)	Number of defects dealt with.			
	Under the Authority's scheme. (2)	Submitted to refraction by private practitioner or at hospital, apart from the Authority's scheme. (3)	Otherwise. (4)	Total. (5)
Errors of Refraction (including Squint).	440	3	3	446
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ...	2	1	–	3
Total ...	442	4	3	449

Total number of children for whom spectacles were prescribed :—

(*a*) Under the Authority's scheme 264
(*b*) Otherwise 4

Total number of children who obtained or received spectacles :—

(*a*) Under the Authority's scheme 255
(*b*) Otherwise 4

Group III.—Treatment of Defects of Nose and Throat.

Number of Defects.				
Received Operative Treatment.				
Under the Authority's Scheme, in Clinic or Hospital. (1)	By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)	Total. (3)	Received other forms of Treatment. (4)	Total number treated. (5)
19	72	91	20	111

Group IV.—Dental Defects.

(1) Number of children who were :—

(*a*) Inspected by the dentist.

Aged :—	5 ...	83	
	6 ...	598	
	7 ...	599	
	8 ...	373	
	9 ...	330	
Age Groups	10 ...	433	Total—3,752
	11 ...	381	
	12 ...	375	
	13 ...	444	
	14 ...	104	
	15 ...	32	
Specials	... ...	522	
Grand Total		4,274	

(*b*) Found to require treatment 3293

(*c*) Actually treated 2103

(*d*) Re-treated as the result of periodical examination ... 788

(2) Half-days devoted to {inspection 37, treatment 386} Total ... 423

(3) Attendances made by children for treatment ... 4037

(4) Fillings {permanent teeth 1891, temporary teeth 30} Total 1921

(5) Extractions {permanent teeth 661, temporary teeth 3231} Total ... 3892

(6) Administrations of general anaesthetics for extractions —

(7) Other operations {permanent teeth 301, temporary teeth 15} Total ... 316

Group V.—Uncleanliness.

(*a*) Average number of visits per school made during the year by the school nurses 6

(*b*) Total number of examinations of children in the schools by school nurses 32,903

(*c*) Number of individual children found unclean 4,383

(*d*) Number of children cleansed under arrangements made by the local education authority 193

(*e*) Number of cases in which legal proceedings were taken—

(i) Under the Education Act, 1921 2

(ii) Under school attendance bye-laws 1

TABLE V.

RETURN OF DEFECTS FOUND IN THE COURSE OF MEDICAL INSPECTION IN 1927. SECONDARY SCHOOLS.

		Reading Boys' School.		Kendrick Girls' School.	
Number Examined ...		160		121	
Defect or Disease.		Number referred for		Number referred for	
		Treatment.	Observation.	Treatment.	Observation.
Malnutrition		...	24	...	19
Uncleanliness	Head...	...	...	...	...
	Body	..	...	...	...
Skin	Ringworm Head ...	...	...	..	...
	Ringworm Body ...	...	...	...	...
	Scabies	...	...	...	...
	Impetigo	...	...	...	...
	Other Disease (Non-tub.)	2	...	1	...
Eye	Blepharitis	1	...	...	...
	Conjunctivitis ..	...	...	...	...
	Keratitis	...	...	...	...
	Corneal Opacities ...	...	...	...	...
	Defective Vision ...	5	14	8	25
	Squint	...	2	...	...
	Other Conditions ..	...	2	...	...
Ear	Defective Hearing ...	1	1	2	...
	Otitis Media... ..	1	...	...	..
	Other Ear Disease ..	...	...	...	...
Nose and Throat	Enlarged Tonsils ...	...	...	1	4
	Adenoids	...	...	..	..
	Enlarged Tonsils & Adenoids	...	...	..	...
	Other Conditions ...	1	...	6	...
Enlarged Cervical Glands (non-tuber.) ...		...	...	...	...
Defective Speech		1	1	..	...
,, Teeth		25	...	20	...
Heart and Circulation	Organic	...	...	...	...
	Functional	...	3	...	...
	Anæmia	...	...	2	...
Lungs	Bronchitis	...	...	...	...
	Other non-tuber. disease	...	1	...	...
Tuberculosis	Pulmonary:—Definite ...	...	..	...	...
	Suspected...	...	...	...	...
	Non-Pulmonary:—Glands	...	...	...	...
	Spine	...	...	...	...
	Hips...	...	...	...	...
	Other bones and joints ...	...	...	...	...
	Skin	...	...	...	...
	Other forms	..	...	...	...
Nervous System	Epilepsy	...	...	...	...
	Chorea	..	...	...	...
	Other Conditions ..	...	1	...	...
Deformities	Rickets	...	...	...	...
	Spinal curvature ..	...	...	1	...
	Other Forms ..	...	9	10	6
Other Defect or Disease		...	2	4	4